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PERSPECTIVES ON MOTHERHOOD:
A PHENOMENOLOGICAL STUDY
OF WOMEN'S TRANSITIONS
TO MOTHERHOOD

BY

© JANET A. WILSON

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ABSTRACT

Becoming a mother is a significant event which often creates stress and conflict for women. The effects of becoming a mother on women have been studied from two theoretical perspectives. Developmental theorists have described the developmental process of women's attachment to their babies and their identification with the mother role; they attribute women's difficulty with these developmental tasks to intrapsychic and interpersonal variables. Feminist theorists, on the other hand, have described the social context of motherhood as the major source of women's difficulties.

Most of the research on the transition to motherhood has neglected to explore women's own perspectives on this experience. This study is a phenomenological investigation of women's subjective experiences of becoming a mother and what this means to them. In particular, the major difficulties and satisfactions encountered were explored.

Seven women were interviewed late in pregnancy and again in early motherhood. Their perceptions of motherhood, themselves, and their situations were explored through open-ended questions, and their individual experiences of the transition to motherhood were described in case study format. Common themes related to the difficulties and satisfactions experienced were identified.

Analysis of these women's experiences revealed that they were affected both by the social context of motherhood and the developmental process of becoming a mother. The responsibilities and restrictions of the mother role created stress and conflict for most of these women. All the women, however, derived personal satisfaction from their babies which helped compensate for these difficulties. Women's perceptions of the mother role and the support they received within this role were important influences. It was concluded that a theoretical perspective which integrates the feminist and developmental perspectives is required for a comprehensive understanding of women's experiences of the transition to motherhood.

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CHAPTER I

INTRODUCTION TO THE STUDY

FOCUS OF THE STUDY

This study is an exploration of what becoming a mother means to women - how individual women perceive motherhood in relation to themselves and their own lives, and the difficulties and satisfactions they encounter as they make the initial transition into motherhood. This transition is an important area of investigation for two main reasons: the birth of a first child is an event which significantly alters women's lives; it is also an experience which apparently causes many women distress. This study is intended to contribute to the growing understanding of how women are affected by motherhood and the implications this has for their individual development.

BACKGROUND TO THE STUDY

The Transition to Motherhood

The birth of a first child is a significant event in women's lives. Not only does it mark an unprecedented physical experience, but as a biological event whose meaning is culturally defined, the birth of a first child dramatically reconstructs women's positions within society (Oakley, 1980). The corresponding changes in lifestyle and social role require a reorganization of women's personalities, self-perceptions, and relationships to meet the demands of mothering within a nuclear family setting.

Contrary to the prevalent social myth that motherhood brings happiness and fulfillment, it is becoming increasingly apparent that many women experience the transition to motherhood as stressful. One in ten mothers suffers from some form of postnatal depression (Welburn, 1980). Personal accounts of motherhood are beginning to reveal the frustration, anger, and resentment women feel as mothers (e.g. Chesler, 1979; Friedland and Kort, 1981; Kramer, 1976; Lazarre, 1976; McBride, 1973). Bernard (1974) suggested that the growing incidence of child abuse and runaway mothers may be extreme symptoms of the distress women are experiencing. Although such indications of stress do not necessarily mean that women do not find personal satisfaction in mothering their children, they do raise important questions concerning how women are affected by becoming mothers, and what the root of their distress is.

Theory and Related Research: A Brief Overview

Our current understanding of the effects of motherhood on women has been limited by researchers' perspectives on women and the importance of events such as pregnancy and childbirth in women's lives. Although the transition to motherhood has long been recognized as a problem for women, adjustment to motherhood has been of concern to researchers primarily in relation to the mother-child relationship, the marital relationship, and the medical outcome of reproduction (Breen, 1975; Leifer, 1980b; Oakley, 1979a, 1980). The obvious questions of what becoming a mother *means* to women and how they are personally affected by motherhood, have rarely been considered (Breen, 1975; Fransella and Frost, 1977; Leifer, 1980a, 1980b; Malmo, 1980; Oakley, 1979a, 1980).

Of the studies which have investigated how women themselves are affected by becoming mothers, the issue of adjustment to motherhood has been addressed from two theoretical perspectives. This issue is an important one, because to a large extent it has determined the direction and nature of research inquiry, and thereby coloured our understanding of women's experiences of motherhood. The two perspectives referred to are the developmental perspective and the feminist perspective.

Developmental Perspective

Very briefly, the transition to motherhood is viewed from the developmental perspective as a 'normal developmental crisis' (Ballou, 1978; Breen, 1975; Leifer, 1980b; Williams, 1977). Founded on psychoanalytic theory, pregnancy and childbirth are viewed from this perspective as significant events which actually induce a psychological crisis in women, thereby facilitating a reorganization of the personality to include an identification with the role of mother. Because motherhood is viewed as important to women's fulfillment and maturation, this identification with motherhood is considered to be the optimal outcome of pregnancy and childbirth, with the resolution of the crisis bringing women to a higher stage of development.

Research from the developmental perspective has been directed towards understanding the process by which women attain an identification with the mother role and why some women adjust better than others. The developmental process is most commonly viewed as a series of developmental tasks, the most important of which is the development of an emotional attachment to the fetus during pregnancy (Ballou, 1978; Leifer, 1977, 1980a, 1980b). The success with which women achieve these tasks appears to be related to intrapsychic and interpersonal variables such as women's relationships with their own mothers and their husbands (Ballou, 1978), their motivations for pregnancy (Grossman _et al_., 1980; Leifer, 1977, 1980a, 1980b), and emotional maturity (Leifer, 1977, 1980a, 1980b), as well as situational factors such as financial status (Shereshefsky and Yarrow, 1973), health and temperament of the infant (Grossman _et al_., 1980), level of education, number of years married (Dyer, 1963, and emotional support (Cohen, 1966; Gordon and Gordon, 1960; Grossman _et al_., 1980; Leifer, 1980b; Shereshefsky and Yarrow, 1973).

Feminist Perspective

Although the developmental perspective has been helpful in drawing attention to the fact that women are significantly affected by the experience of motherhood, and commonly find the transition stressful, its uncritical acceptance of the social definition of motherhood has been recently questioned (Leifer, 1980a, 1980b; Oakley, 1979a, 1980). The assumption that women 'should' identify with the mother role, and therefore those who do not are deviant, unfeminine, and maladapted, and have failed as women, ignores the question of why this task presents such apparently overwhelming difficulties for so many women (Oakley, 1979a, 1980). Critical of the developmental perspective for its neglect of the social context of motherhood, feminists have argued that it is not women who are unsuited for motherhood, but rather motherhood is unsuited for women. Viewed from this perspective, an understanding of women's experiences as mothers must include a critical examination of the social institution of motherhood and the effects its structure has on women's lives.

In her criticism of the social sciences, feminist writer Marcia

Westkott (1979) argued that social scientific research, in general, has been biased against women because it has assumed "a mutually supportive relationship between personality and culture". Feminists have challenged this assumption by revealing ways in which patriarchal society alienates women in a context which is incompatible with their needs. In relation to motherhood, feminist writers have pointed out the discrepancy between society's unrealistically high expectations of women as mothers and its lack of cultural support and social recognition (Bernard, 1974; Oakley, 1980; Rich, 1976). Paradoxically, women are required to provide tender-loving-care for their children under circumstances which least encourage this. The institution of motherhood as structured within our society may actually mean that a positive identification with the mother role is impossible (Bernard, 1974; Oakley, 1980; Rich, 1976; Rossi, 1968; Welburn, 1980).

Although very little research on women as mothers has been done from the feminist perspective, the importance of social context in causing women distress has been borne out by several studies. Gordon and Gordon (1967) found role conflict to be a greater source of difficulty to women adjusting to motherhood than personal insecurity factors, and attributed this conflict to women's changing role in society. Stein (1967) found the major sources of anxiety for women to be the changes in role, personal status, marital status, and status within the family pattern. She concluded that the nature of these changes is overwhelming to many women, and can promote emotional illness.

In an interesting study of first-time mothers in Britain, Breen (1975) found that adjustment to motherhood was related to how women perceived the mother role, themselves, and their own mothers. Her findings suggest that society's narrow and unrealistic definition of motherhood causes many of women's adjustment difficulties. Recent descriptions of women's experiences of the transition to motherhood further indicate that the social definitions of pregnancy, childbirth, and motherhood create stress and conflict for women as they become mothers (Leifer, 1980b; Oakley, 1979b, 1980). Clearly, a comprehensive understanding of women's experiences of motherhood must include an awareness of the role of social context in contributing to women's difficulties.

NATURE AND PURPOSE OF THE STUDY

The purpose of this study is to explore and describe women's experiences of the transition to motherhood in an attempt to broaden our understanding of how women are affected by becoming mothers. It is intended that these descriptions of women's experiences will provide insight into the major sources of women's difficulties, as well as satisfactions, as they become mothers for the first time.

Feminists have argued that our understanding of women has been distorted by both the content and approach of past research (Malmo, 1980; Westkott, 1979). Not only have the events which are important to women not been considered relevant for research, but traditional research methodology negates the importance of social context in understanding human behavior (Malmo, 1980). Feminists have advocated the phenomenological approach to research as a way of placing behavior within its context, and thereby expanding the scientific understanding of human behavior (Malmo, 1980). In view of the importance social context has for understanding women's experiences as mothers, a phenomenological approach was selected as appropriate for this investigation.

Giorgi (1971b) defined phenomenology as

> ...the study of phenomena as experienced by man[1]...[with an] emphasis on the phenomena itself exactly as it reveals itself to the experiencing subject in all its concreteness and particularity. (p.11)

He outlined the aims of phenomenology to be the apprehension of the structure of the phenomenon, a concern for the origins of phenomena, and an emphasis on the perceptions of the subject. For the purposes of this study, this would indicate an attempt to understand women's experiences of motherhood within the social and personal contexts perceived by the women. Consequently, this study will explore and describe women's perceptions of motherhood within the context of their perceptions of themselves, their significant relationships, and their current situation as they make the transition to motherhood.

Only two studies of the transition to motherhood have included extensive descriptions of women's subjective experiences of becoming mothers. Oakley (1979b, 1980[2]) interviewed 55 British women throughout the course of their transition to motherhood in an effort to trace the ways in which women's experiences of motherhood are influenced by the social management of childbirth. Leifer (1980b) did a comparative study of 19 American women's attitudes towards pregnancy and their subsequent experiences of motherhood. The descriptions of the transition to motherhood provided by these studies constitute a strong beginning at understanding how women are affected by the ways in which motherhood is defined by modern society.

---

[1] It is interesting that Giorgi, a major proponent of psychology as a human science, neglected to include women in his definition of phenomenology.

[2] The results of this study are presented in two volumes. The first volume (Oakley, 1979b) is an ethnographic account of women's experiences and is comprised of excerpts from interviews. These experiences are analysed and discussed in the second volume (Oakley, 1980).

The studies by Leifer and Oakley both indicated that women's experiences of becoming mothers are profoundly affected by the social context of motherhood. Leifer, however, found that although all of the women in her study experienced the transition to motherhood as stressful, the success with which individual women coped with this stress was related to the level of personality integration and maturity they had attained by early pregnancy. Furthermore, she confirmed that becoming a mother involves a developmental process of establishing a relationship with the baby and identifying with the mother role. Leifer concluded that this developmental process, as well as the broader social context, is important in understanding women's experiences of motherhood, and she suggested that an ecological perspective, focusing on the interaction of the individual with her environment, would provide a more adequate conceptual framework for understanding the complex interplay of biological, psychological, and social factors involved in the transition to parenthood (Leifer, 1980, p. 233). In view of this recommendation, the present study presents women's experiences of the transition to motherhood as case studies, thereby highlighting the unique personalities and situations of individual women, while simultaneously allowing a study to be made of the effects of social context on the women's experiences.

IMPLICATIONS OF THE STUDY

In view of the changes introduced by the transition to motherhood and the stresses this creates for many women, the importance of understanding how women are affected by becoming mothers seems evident. Counsellors, doctors, and educators need to be aware of the issues women are dealing with so that they can foresee potential problems and facilitate appropriate solutions. Furthermore, a realistic appreciation of how their lives might be affected by having a child will help prospective parents make informed decisions. Those women who already have children might better understand their own experiences of motherhood by sharing other women's experiences.

Until very recently, women themselves have been blamed for their difficulties in adjusting to motherhood. The suggestion that many of these stresses are created by the social structure of motherhood therefore has particularly important implications. In addition to relieving women of their guilt, an understanding of how women are affected by this social structure constitutes the first step towards reconstructing the social definition of the mother role and making it more comfortable for women.

DEFINITION OF TERMS

developmental crisis - a 'turning point' in life which arises in response to interaction with the environment and is characterized by an increased vulnerability; successful resolution leads to increased personality integration

developmental task - a problem which arises in response to interaction with the environment and requires a solution for future happiness

paradigm - a methodological model defined by an implicit or explicit set of assumptions

phenomenon - data of human consciousness; objects, events, people, as experienced through human consciousness

phenomenology - a paradigm of scientific inquiry which studies human experience using a qualitative methodology

postpartum - early weeks following childbirth

OVERVIEW

The developmental and feminist theoretical perspectives and related research are reviewed in further detail in Chapter II. Chapter III discusses the phenomenological approach and describes the research design and procedure of the study. The case studies are presented in Chapter IV. The study concludes with a review of the themes which emerged from the case studies, and a discussion of the theoretical and practical implications of these findings.

CHAPTER II

THEORETICAL PERSPECTIVES AND RELATED RESEARCH

INTRODUCTION

Two major reasons for investigating women's transitions to motherhood were cited in the introductory chapter: first, this transition introduces a number of significant changes into women's lives, and second, these changes are typically experienced as very stressful and are frequently accompanied by depression. The present study is based on the assumption that an investigation of these changes from women's own perspectives will help to illuminate the source(s) of their apparent difficulties. It is therefore framed by the following closely-related questions: How are women personally affected by becoming mothers? What does becoming a mother mean to women? The purpose of this chapter is to review the theoretical perspectives and related research pertaining to these questions.

There is a vast amount of research on pregnancy, childbirth, and early motherhood; a surprisingly small proportion of this has addressed the question of what these experiences mean to women (Fransella and Frost, 1977; Leifer, 1980b; Oakley, 1980). Mainstream research has focused instead on areas such as women's physiological responses to pregnancy and childbirth, the effects of parenthood on the marital relationship, the early mother-child relationship (Breen, 1975; Leifer, 1980b; Oakley, 1979a, 1980). An emphasis has been placed on pathological responses to pregnancy, childbirth, and early postpartum, with a corresponding value placed on the identification of psychological variables related to these reactions (Breen, 1975; Leifer, 1980b; Oakley, 1980).

For the most part mainstream research on the transition to motherhood reflects a cultural bias against women. Women have been defined solely in terms of their functions as reproducers, wives, and mothers, thereby belying their fundamentally human character (Oakley, 1979a, 1980). Furthermore, the experience of becoming a mother has been studied as an isolated event in women's lives (Breen, 1975). Its meanings have been interpreted in terms of the physical health of mother and infant, marital satisfaction, the quality of the mother-child relationship; there has been little concern for how women themselves interpret their experiences and how they are affected by them (Oakley, 1979a, 1980). Such a restricted view of women and their experiences has necessarily limited and distorted our understanding of the transition to motherhood.

Not all research has neglected to ask how women themselves are affected by becoming mothers. Developmental theorists have viewed the transition to motherhood as a significant event in women's lives, having meaning for their overall development; researchers have subsequently investigated the psychological changes women undergo as they become mothers and have asked why some women seem to adapt better than others. Feminist writers, on the other hand, have been more concerned with the social meanings motherhood has for women and have explored ways in which women are affected by the social institution of motherhood. These two theoretical perspectives are discussed respectively in more detail, followed by a presentation of related research.

DEVELOPMENTAL PERSPECTIVE OF THE TRANSITION TO MOTHERHOOD

Concept of Developmental Crisis

The developmental perspective of the transition to motherhood is based on the theoretical concept of 'developmental crisis' which characterizes many stage theories of development, e.g. Erikson, Havighurst, Levinson. Stage theorists have generally conceptualized development as a progressive series of critical stages, each of which can be identified by a characteristic crisis or problem (Spricer, 1981), and 'having a family' is typically regarded as an important stage of development for men and women. Erikson (1968) defined the inherent crisis of this developmental stage in terms of generativity versus stagnation:

> [Generativity] is a stage of the growth of the healthy personality and...where such enrichment fails, together, regression from generativity to an obsessive need for pseudointimacy takes place, often with a pervading sense of stagnation and interpersonal impoverishment. (p.55)

A developmental crisis essentially refers to a 'turning point' in life which is characterized by an 'increased vulnerability' and 'heightened potential' and requires a reorganization of the individual's personality in order to integrate her new experiences (Breen, 1975; Spricer, 1981). According to most stage theorists, such 'crises' arise in response to the individual's interaction with culturally-determined phenomena of biological, social, and psychological origins, and the progressive resolution of each crisis defines the process of human development (Spricer, 1981). Erikson (1968), for example, defined development as:

> [a progressive series of characteristic conflicts].. which the vital personality weathers, reemerging from each crisis with an increase of good judgement, and an increase in the capacity to do well. (p. 92)

Presumably, then, the successful resolution of developmental crises facilitates the individual's progression from one stage of development to the next.

A term which is frequently used interchangeably with 'developmental crisis' is 'developmental task'. Havighurst (1953) defined a developmental task as:

> ...a task which arises at or about a certain period in the life of the individual, successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by society, and difficulty with later tasks. (p. 2)

For the purposes of this discussion, the term 'crisis' is used to refer to the overall transition to motherhood, whereas 'developmental tasks' refer to those problems and issues encountered during this period.

Transition to Motherhood as a Developmental Crisis

The conceptualization of the transition to motherhood as a developmental crisis in women's lives has its roots in psychoanalytic theory, which has described motherhood as a major stage of women's psychosexual development (Benedek, 1959; Deutsch, 1945). Viewed from this perspective, pregnancy confronts a woman with major psychosexual issues which cannot be resolved until she deals with becoming a mother (Ballou, 1978; Deutsch, 1945). Thus, in accomplishing the developmental tasks of pregnancy and early motherhood, a more mature sexual identity is presumably attained.

According to psychoanalytic theory, the developmental crisis of the transition to motherhood has a biological basis. It is believed that the hormonal changes of pregnancy serve to loosen women's psychological defenses, arousing old unconscious conflicts related to her femininity and her dependence on her own mother (Benedek, 1959, 1970; Bibring, 1959, 1961). Benedek (1959, 1970) described this as an actual regression to the oral phase of development, where the woman can experience her early relationship with her own mother and subsequently resolve her ambivalent feelings towards her. It is this regressive tendency and the related upsurge of unresolved conflicts which apparently explains the emotional upheaval or 'crisis' related to this experience (Benedek, 1959, 1970; Bibring, 1959, 1961). As expressed by Bibring (1959),

> Pregnancy, like puberty or menopause, is a period of crisis involving profound psychological as well as somatic changes. These crises represent important developmental steps and have in common a series of characteristic phenomena. In pregnancy, as in puberty and menopause, new and increased libidinal and adjustive tasks confront the individual, leading to the revival and simultaneous emergence of unsettled conflicts from earlier developmental phases and to the loosening of partial or inadequate solutions of the past.

Viewed from the developmental perspective, the emotional upheaval or crisis inherent in the transition to motherhood serves an important function; it urges the woman towards a resolution of her conflicts in relation to her mother and her own femininity, thereby facilitating an identification with her mother and preparing her for the task of nurturing a dependent infant herself (Ballou, 1978).

According to Benedek (1959), a woman's unconscious feelings towards her mother concerning how well she herself was mothered must be resolved before she can accept her own child's dependence on her. Bibring (1969) described this process as one of reorganizing one's sense of self in an effort to integrate an image of one's self as a mother.

> ... The psychological organization the woman has achieved in adulthood must undergo a significant degree of dissolution as a specific response to pregnancy, to allow for a corresponding recomposition to a new position not identical to that previously held.

This process is viewed as particularly important because it is assumed that an inability to attain an adequate resolution of these conflicts and a subsequent identification with motherhood results in disturbances in the mother-child relationship (Benedek, 1970; Bibring, 1959, 1961).

The major task confronting a woman during her transition to motherhood, then, appears to be the reconciliation with her own mother on an intrapsychic level and a subsequent identification with the mother role. Deutsch (1945) added to this the necessity of attaining an identification with the baby, and stressed the importance of finding "a harmonious compromise" between these two identifications in order to ensure a positive adaptation to motherhood and a well-balanced relationship between mother and child. It seems that the difficulty with which this compromise is attained is largely dependent on the quality of the woman's relationship with her own mother and her ability to resolve her unconscious conflicts in relation to her.

Summary and Implications

In contrast to the view of pregnancy and childbirth as isolated events in women's lives, the developmental perspective has portrayed the transition to motherhood as a time of inner conflict, change, and maturation (Breen, 1975; Leifer, 1980b). It has highlighted pregnancy, in particular, as a period of emotional upheaval as the woman struggles to integrate an identity of herself as a mother and orient herself towards her new role. From this perspective, the positive outcome of this often difficult process is indicated by the woman's resolution of her inner conflicts and a subsequent adaptation to the demands and responsibilities of mothering. A successful resolution of this inherent crisis presumably paves the way for a healthy mother-child relationship, as well as furthering the woman's psychosexual development. Viewed from this perspective, a woman's integration of her identity as a mother is a sign of maturation.

Central to the developmental perspective of the transition to motherhood is the assumption that women should adapt to motherhood (Oakley, 1979a, 1980). The 'crisis' of pregnancy and early motherhood is 'meant' to lead to a resolution of inner conflict and an identification with the mother role. Unresolved ambivalence indicates a rejection of the mother role and a 'poor' adjustment to motherhood (Oakley, 1979a, 1980). Theory and research within this paradigm, therefore, is characterized by an interest in understanding both the psychological process by which women become mothers and those intrapsychic and interpersonal variables which facilitate or impede this process. It has recently been argued, however, that an investigation of the transition to motherhood must focus instead on the social context of motherhood. Underlining the fact that childbirth is a bio-social event, the meaning of which is largely determined by the society within which it takes place, Oakley (1979a, 1980) noted that the developmental perspective of the transition to motherhood incorrectly assumes that it is women's 'nature' to adapt to motherhood. According to Oakley, this view of the individual as the source of adjustment difficulties fails to question what women are required to adapt to. This latter question constitutes the focus of the feminist perspective of the transition to motherhood, which is presented in the following section.

FEMINIST PERSPECTIVE OF THE TRANSITION TO MOTHERHOOD

Westkott (1979) observed that a major limitation of social scientific research is its assumption that women's needs as human beings are congruent with the roles defined by the social context. The failure of the developmental perspective of the transition to motherhood to critically examine the social structure of motherhood as a source of women's difficulties clearly reflects this bias. Only recently, in fact, has the social context of motherhood been critically examined and investigated as a major source of women's distress during the transition to motherhood.

In contrast to the developmental perspective, feminist theorists begin with the explicit assumption that, as a patriarchal institution, the present social structure of motherhood oppresses women by denying their needs as human beings, and therefore must be considered as a major source of women's difficulties as mothers (Bernard, 1974; Oakley, 1979a, 1980; Rich, 1976). The question 'how do women adapt to motherhood?' has been replaced with the questions 'what are women required to adapt to?' (Oakley, 1980) and 'what does motherhood require women to give up?' (Bardwick, 1979; Rossi, 1968). Consequently, the focus of the feminist perspective has been to analyse the ways in which motherhood is structured in modern industrial society in an attempt to understand how women's experiences of motherhood are affected by the social context.

Social Context of Motherhood

Feminist theorists have described two basic requirements which have been built into the social structure of the mother role and create undue stress and conflict for women. Bernard (1975) pointed out that, paradoxically, these two requirements are mutually incompatible: on the one hand, women are expected to provide full-time tender-loving-care for their children, and yet, on the other hand, they are assigned sole responsibility for this care. Although the role itself is idealized, the conditions under which mothers are expected to care for their children denigrate women and increase the difficulty of their task. It is these two components of the social context of the mother role - the idealization of the mother role and the corresponding social conditions - which constitute the focus of the present discussion.

Idealization of the Mother Role

According to feminist theorists, the idealization of the mother role within modern society has important implications for how women see themselves as mothers and, therefore, for how they experience motherhood. Wilborn (1976) noted that the cultural expectations of women's role in child-rearing have led to social pressure for women to be 'perfect' mothers - a pressure attributed to psychological research which implicates mothers as the cause of their children's emotional difficulties(Bardwick, 1974). In response to the belief that a perfect mother will produce a perfect child, the social definition of a 'good' mother idealizes the role to the extent that the realities of motherhood and women's needs as mothers are obscured (Kitzinger, 1978; Wilborn, 1976). Kitzinger (1978) described this social ideal as follows:

> The myth of maternity which is commonly accepted in our own society - a myth which asserts that mothers have loving, tender feelings about their babies, that as a consequence of the biological act of having given birth women become different from their former selves, are selfless and giving and experience supreme satisfaction in sacrificing themselves in this way is crystallized in the image of the Virgin Mother sitting in placid serenity with her infant Son on her lap. She is untouched by anxiety or passion, and represents the purity of woman given in service to her child. (p. 206)

Viewed from the feminist perspective, the idealization of the mother role alienates women from their actual experiences of motherhood. Breen (1975) observed that no woman can realistically hope to become the ideal mother defined by society and suggested that this discrepancy between myth and reality has the potential for creating a conflict between women's expectations of themselves as mothers and how they actually experience motherhood.

Bardwick (1979) also noted that society's definition of a good mother makes maternity a burden for women. She reflected that all commitments in life are characterized by feelings of ambivalence, and the demands of mothering, in particular, can evoke strong feelings of frustration, resentment, and anger. The social pressure to conform to the 'ideal' mother, however, serves to inhibit women's expression of these sentiments and can lead to feelings of guilt and self-blame for what actually constitutes a natural emotional response to a difficult task. Other feminist writers have also noted the social requirement that women repress their ambivalent feelings about motherhood (e.g. Bernard, 1974, 1975; Kitzinger, 1978; Rossi, 1972); Rossi (1972) described the implications this has for children, as well as mothers:

> ...as with all social roles, there is a negative side as well as a positive. To be free to express the ambivalence they really feel toward the maternal role is a release all too many women are blocked from expressing...A second reason to encourage an airing of ambivalence toward maternity, is out of concern for the children or potential children a woman may bear. For every child born to a woman who consciously did not want that pregnancy, there are many more born to women who are not even aware of the ambivalence they feel toward maternity and who are unconsciously prone to maternal rejection if not maternal destructiveness. Women may be an easy prey to self-deception in this area, but children are not. (p. 126)

In summary, society's idealization of motherhood is viewed by feminists as detrimental both to women and to the children it is presumably intended to benefit. The high expectations women learn to have of themselves as mothers conflicts with the realities of motherhood, creating inner conflict and self-blame. Furthermore, social pressure to conform to the social definition of the 'ideal' mother inhibits women from expressing their natural ambivalence in this role. Ironically, the social conditions under which women are required to mother serves only to intensify this ambivalence.

Social Conditions of Motherhood

Implicit in the social idealization of the mother role is a promise of feminine fulfillment and personal satisfaction which leads women to have high expectations not only of themselves as mothers but of the experience of motherhood itself. Viewed from the feminist perspective, however, the realities of motherhood contradict these expectations. Oakley (1980), for example, noted that although a woman's identity as a mother is highly valued culturally, the work she does as a mother receives very little social recognition - a contrast which increases the discrepancy between women's expectations of motherhood and their subsequent experiences of it. Furthermore, according to feminist theory, the actual social conditions of motherhood tend to impede, rather than promote personal fulfillment.

The low social status afforded women as mothers is evident in the lack of social support provided for mothers (Bardwick, 1979; Bernard, 1974, 1975). Bardwick (1979) suggested that the social ideal which attributes full responsibility for childcare to mothers denies any social obligation to help women with their children. The structure of the nuclear family serves to further remove women from the potential support of extended family, confining them to the isolation of their homes to raise their children - a condition Bernard (1975) described as destructive to both women and children. By heavily burdening women with childcare responsibilities, she argued, the natural expression of maternal warmth is inhibited and the more likely mothers are to express hostility towards their children.

> The way we institutionalize motherhood in our society - assigning sole responsibility for childcare to the mother, cutting her off from the easy help of others in an isolated household, requiring round-the-clock tender, loving care, and making such care her exclusive activity - is not only new and unique, but not even a good way for either women or - if we accept as a criterion the amount of maternal warmth shown - for children. It may, in fact, be the worst. It is as though we had selected the worst features of all the ways motherhood is structured around the world and combined them to produce our current design.

Viewed from the feminist perspective, the assignment of full responsibility for childcare to mothers alone binds women to the mother role and restricts their opportunities for the pursuit of career and/or other interests (Bolt, Wilson, and Larsen, 1979). As Bardwick (1979) observed, having children necessarily demands personal sacrifices; it is unrealistic, however, to expect women to willingly deny their own needs completely in service of their children. Rossi (1968) pointed out that, whereas a child's need for mothering is absolute, a woman's need to mother is only relative, and she suggested that the role demands of motherhood as presently structured exceed women's capacities to cope effectively and threatens their mental health.

The social implications of becoming a mother, particularly for the first time, have been further articulated by Oakley (1980). She emphasized that the transition to motherhood represents significant changes in social status which, due to their negative connotations in modern society, have the potential for lowering women's self-esteem and leading to depression. Although she considered women's individual responses to motherhood to be largely related to individual assets (e.g. experience with children, marital relationship), Oakley argued that the human response to change depends on the balance between loss and gain, and suggested that the social structure of motherhood tends to heavily weight this balance on the side of loss.

Oakley noted that, above all, the transition to motherhood in modern society means a loss of identity. A woman not only becomes a 'mother' when she has a baby; she also changes her occupation, retires from the working world (at least temporarily), and becomes a medical patient, often requiring surgery. Oakley suggested that the negative social valuation of mothering, the demands of the role, and the humiliation and trauma of patienthood and medicalized childbirth, combine to contribute to a woman's sense of identity loss, self-devaluation, and overall disappointment. In view of these social conditions, she considered depression to be a normal and expected response to becoming a mother.

> In becoming mothers, women lose their separate identity as people cumulatively, by forgoing an occupational role and by submitting to the personal degradation of patienthood. Where, for structural reasons (the practical and ideological difficulty of combining motherhood with employment work, the medicalization of childbirth), this dual loss is the probable mode of experiencing first childbirth, depression and other signs of poor 'adjustment' are to be expected as a normal reaction. (p. 257)

Summary and Implications

Feminists' critical analysis of the social context of motherhood suggests that the ideology and social conditions of motherhood in modern society generate conflicts and stresses which many women find difficult to cope with as they make the transition to motherhood. Focusing on the frustrations built into the institution of motherhood, these theorists emphasize the discrepancy between the idealistic social definition of the mother role and the harsh realities of motherhood. In contrast to developmental theorists, feminists suggest that it is the social structure of the mother role, rather than women's individual psychologies, which is the root of women's difficulties as mothers.

Viewed from the developmental perspective, a 'poor' adjustment to motherhood indicates a failure to identify with the mother role, and is related to a woman's unresolved ambivalence towards her own mother. Feminist theorists, on the other hand, propose that postpartum depression and other signs of stress reflect a normal human response to a hostile experience. Research in this area suggests that a comprehensive understanding of women's experiences of the transition to motherhood requires an integration of these two perspectives. Evidence indicates that becoming a mother does involve a psychological process of identification with the mother role. It seems, however, that many of the difficulties encountered in this process are best understood within the social context of motherhood. The purpose of the remainder of this chapter is to review this research.

THE PSYCHOLOGICAL PROCESS OF BECOMING A MOTHER

Studies which have viewed pregnancy and childbirth as isolated events in women's lives, equating adaptation or normalcy with an absence of symptoms, have typically defined any sign of emotional conflict in terms of pathology (Breen, 1975). For example, anxiety has been equated with hysteria (Robin, 1972), and ambivalence has been interpreted as a rejection of pregnancy, sexuality, and/or femininity (Zemlick and Watson, 1953). The conceptualization of the transition to motherhood as a time of 'normal developmental crisis', however, suggests that emotional upheaval is _intrinisic_ to this transition and, furthermore, serves an adaptive function.

In general, research has supported this latter view; studies of normal women show that a 'typical' pregnancy is characterized by emotional lability (Ballou, 1978; Bibring, 1961; Colman, 1969; Gordon and Gordon, 1959; Leifer, 1977, 1980b; Robin, 1962), fear and anxiety (Colman, 1969; Grimm, 1969; Leifer, 1977, 1980b; Loesch and Greenberg, 1962; Wenner _et al_., 1969), and ambivalence (Ballou, 1978; Bibring, 1961; Grossman _et al_., 1980; Leifer, 1977, 1980b; Markham, 1961; Shereshefsky and Yarrow, 1973). It is also a time of introspection and withdrawal from the external world (Grossman _et al_., 1980; Jessner, 1966; Leifer, 1977, 1980b; Loesch and Greenberg, 1962; Shereshefsky and Yarrow, 1973) - a tendency which suggests a need to deal with these emotional conflicts in preparation for new responsibilities (Grossman _et al_., 1980; Leifer, 1977, 1980b; Shereshefsky and Yarrow, 1973). As expressed by Shereshefsky and Yarrow (1973),

> A first pregnancy tends to be a time of inwardness and aloneness, during which the woman may be doing the psychological "work" involved in accommodating to physical aspects and changes, relinquishing past gratifications, and anticipating those of the future. (p.101)

As suggested by developmental theory, then, it seems that the emotional upheaval and accompanying self-preoccupation experienced during pregnancy may signify an adaptive process to the new role of mother. What evidence is there for this, however? Precisely what conflicts are women dealing with as they make this transition to a new role, and what are their sources? Are they intrinsic to the process of becoming a mother, or are they a response to external circumstances? What 'adaptive' function(s) do they serve? Do they, in reality, 'enhance' women's development?

Research on the intrapsychic and interpersonal changes associated with becoming a mother suggests that the conflicts and emotional upheaval of this transition are indeed related to the difficult task of integrating a new identity, and serve to orient her towards her new role. The purpose of the next section is to review those developmental tasks which have been described as important to women's transition to motherhood.

Developmental Tasks of the Transition to Motherhood

Development of an Attachment to the Fetus

Leifer (1977) determined from an in-depth longitudinal study of 19 women that the major psychological task of the transition to motherhood is the development of an emotional attachment to the fetus and, subsequently, to the infant. She described the gradual development of maternal feelings in first-time mothers over the course of pregnancy and the early postpartum months and found that this involved a process of visualizing, playing with, and dreaming about the baby, as well as rehearsing the mother role and involving the husband in interactions with the fetus. It seemed that, during pregnancy, this process was an active attempt to conceptualize the fetus as a real entity and, at the same time, begin to incorporate it into the marital relationship.

Leifer(1980) found that childbirth tended to disrupt a woman's relationship with her baby and the development of her maternal feelings continued as an important task of early motherhood. She concluded that this was a particularly important task of pregnancy because it was predictive of a woman's feelings and attitudes towards her baby and motherhood in the first postpartum months.

Leifer also found that the development of maternal feelings during pregnancy was typically accompanied by anxiety and a concern for the baby's health. Those women who developed a strong attachment to their baby _in utero_ tended to be highly anxious about its well-being. These women also seemed able to relate to their babies more readily following delivery, suggesting that anxiety in pregnancy may be indicative of a positive process. As expressed by Leifer (1980b[1]),

> Anxiety about the well-being of the fetus, rather than being an irrational phenomenon, appears to be an important indication that the pregnant woman is engaged in preparing for her emotional relationship with her baby. The women who experience little anxiety during pregnancy, or strive to maintain "normalcy", or report anxiety solely in regard to the self are communicating danger signals that they are not dealing adaptively with this important psychological task of pregnancy. (p. 50)

The development of a sense of the fetus as a separate person has also been cited by Ballou (1978) as a particularly important task in the process of becoming a mother. In an intensive longitudinal study of 12 women, she explored the psychological process by which women navigate the transition to motherhood and found that the development of a woman's attachment to her child occurred in distinct stages. During pregnancy, there was an initial acceptance of the fetus as part of the self, followed by the development of a sense of the fetus as a separate entity. The woman's initial attachment to her infant was based on her attachment to the fetus and paved the way for the establishment of a sense of mutual interaction with the baby.

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[1] Leifer reworked her initial study (Leifer, 1977) and presented it in book format (Leifer, 1980b). This accounts for the different dates for this study.

It seemed to Ballou that the development of a woman's sense of her child as separate from herself was important in establishing a healthy mother-child relationship, where the mother was able to see herself as a competent mother and accept her baby's dependence on her. This suggestion is supported by another study which compared psychotic and nonpsychotic reactions to childbirth. Markham (1969) found that a major difference between these two groups of women was in their ability to perceive their infants as separate from themselves and subsequently transfer their love to them. The disturbed mothers tended to confuse their own identities with those of their babies and their mothers.

Other studies which have also noted the importance of developing an attachment to the baby include Grossman _et_ _al_. (1980) and Shereshefsky and Yarrow (1973).

Reconciliation with Maternal Figure

It seems that the task of developing an attachment to the fetus is closely related to another task of pregnancy and early motherhood: the woman's resolution of her ambivalent feelings towards her mother. Ballou (1978) found that the development of a woman's sense of her baby as a separate person required a rearrangement of her sense of self and others in order to accommodate to this new person. In particular, she noted a pattern of reconciliation with a woman's sense of her mother and an accompanying identification with the mother role. Women gradually came to see their mothers as 'good' and 'giving' - a process which required a resolution of the woman's ambivalent feelings towards her mothers.

Ballou observed that issues of dependency and femininity were particularly salient in women's feelings of ambivalence towards their mothers. The importance of resolving these issues and attaining a sense of one's self as an adult woman capable of nurturing a dependent infant has been suggested by a number of other studies as well. Cohen (1966) identified a woman's acceptance of her femininity and her increased dependency needs as essential to her adjustment to pregnancy and early postpartum. Bibring (1961) found that women who were initially overdependent on their mothers attained greater independence over the course of their pregnancies, whereas women who had been hostile towards their mothers became closer to them, patterns which suggest that a resolution of these issues are expressed in a shift in women's relationships to others.

Development of a New Identity

It seems that the importance of a woman's reconciliation with her mother during her own transition to motherhood is related to her need to see herself as a competent mother, capable of loving and providing for her baby. An additional task of pregnancy and early motherhood, then, seems to be the development of a sense of one's self as a mother -

a process which apparently entails a change in self-concept to include an identification with the mother role.

In another study on the psychological process of becoming a mother, Breen (1975) studied self-concept change in 50 women, from the time of early pregnancy to the third postpartum month. She observed a tendency for women to see themselves as more similar to their own mothers by early motherhood. Furthermore, those women who were able to attain a perception of themselves as good mothers, and therefore value themselves as mothers, experienced less conflict in the postpartum period. These results support Ballou's observation that by late pregnancy there was a tendency for women to see their mothers in a positive light and a corresponding trend in seeing themselves as competent mothers. In cases where women were unable to resolve their ambivalent feelings towards their mothers, it seems their own identities as mothers were less positive.

Other studies have also observed that women's perceptions of themselves change over the course of pregnancy and early motherhood to include a view of themselves as mothers (Grossman et al., 1980; Leifer, 1980b; Shereshefsky and Yarrow, 1973). It seems that this task plays an important part in a woman's preparation for her new responsibilities as a mother. The difficulty of this task has been emphasized by Grossman et al. (1980):

> The emotional task of adjusting to one's first baby is an enormously difficult one, at least partially because a woman must enlarge her identity to include the role of mother and integrate this role into her sense of herself. (p. 83)

Summary and Implications

The studies reviewed thus far suggest that there is indeed a psychological process involved in becoming a mother. It seems that the transition to motherhood confronts a woman with a series of developmental tasks wich prepare her psychologically and emotionally for the difficult job of nurturing a baby. These tasks include developing an attachment to her baby, coming to terms with her ambivalent feelings for her own mother, and coming to see herself as a mother. In coping with these tasks, women experience feelings of anxiety and inner conflict. Contrary to being a pathological response, however, this emotional upheaval is characteristic of the transition to motherhood and presumably serves an adaptive function by facilitating women's adjustment to the mother role.

The concept of developmental crisis assumes that a resolution of the crisis leads to a reintegration of the personality at a higher level of development. In the case of the transition to motherhood, this would indicate that a successful resolution of the developmental tasks of pregnancy and early motherhood serves to enhance women's personal development. What evidence of this, in fact, is there? To what extent does the emotional turmoil of this experience actually precipitate personal growth and a sense of maturation? How successful are women in integrating the mother role into their identities? The following section on women's adjustment to pregnancy and early motherhood examines these issues.

WOMEN'S ADJUSTMENT TO THE TRANSITION TO MOTHERHOOD

A 'Developmental' Crisis?

It seems that for at least some women the experience of becoming a mother does indeed enhance personal development. Several studies have shown that, in spite of the prevalence of negative affect throughout the transition to motherhood, many women simultaneously experience a heightened sense of well-being during pregnancy (Colman, 1969; Grossman et al., 1980; Leifer, 1977, 1980b; Robin, 1962; Shereshefsky and Yarrow, 1973). Leifer (1980b) reported that, to a large extent, women's sense of pride and joy in creating a new human being helped off-set the physical and emotional difficulties they were experiencing.

> ...[D]espite the increase of psychological stress experienced during pregnancy, the gratifications obtained from the developing fetus and the sense of purposiveness in having a child helped compensate for the physical and psychological upheavals that occurred. For many women pregnancy was a uniquely pleasurable time in their lives. (p. 57)

It seems these feelings of self-fulfillment are frequently enhanced by a sense of having gained entrance to adulthood and attained a new level of maturity (Leifer, 1977, 1980b). Furthermore, it has been reported that many women experience increased intimacy with their husbands during pregnancy (Grossman et al., 1980; Leifer, 1980b).

This sense of fulfillment and maturation is, for some women, apparently enhanced by the actual experience of motherhood. Leifer (1977, 1980b) found that many women felt closer to their ideal selves - a feeling which was accompanied by enhanced self-esteem. Most of the women in her study experienced a new sense of wholeness and found personal meaning in caring for their babies. This finding was supported by Grossman et al., 1980), who, in addition, found that by the end of the first postpartum year most women had successfully integrated the mother role. Similarly, Shereshefsky and Yarrow (1973) reported that many of the 60 women in their study achieved "an improved level of personality integration" as a result of becoming mothers.

It seems, then, that the emotional upheaval stimulated by the transition to motherhood is indeed frequently accompanied by personal growth and increased integration. It has recently been emphasized, however, that although this experience has the potential for enhancing development, it is not an inherently growthful experience (Breen, 1975; Leifer, 1977, 1980b). It seems that for many women the severity of the 'crisis' may preclude 'development', and there is some indication that those women who do attain a new level of maturity and personality integration may do so in spite of, rather than because of, the conflicts they experience during pregnancy and early motherhood.

Although development theory has suggested that pregnancy represents the 'crisis' or 'turning point' of women's transition to motherhood and women's ambivalence is typically resolved and their identities as mothers integrated soon after their babies are born, a number of studies have reported that the 'crisis' of early motherhood far exceeds that of pregnancy (Grossman et al., 1980; Leifer, 1977, 1980b; Loesch and Greenberg, 1962). Leifer (1980b) reported that women's feelings of ambivalence increased during early motherhood, and it seems that even those women who do experience a sense of personality growth find these months stressful, and often have difficulty integrating the mother role and coping with their new responsibilities. Grossman et al. (1980) found that these months were characterized by disorganization and emotional upheaval, while Shereshefsky and Yarrow (1973) reported that one-third of the women in their sample experienced difficulties caring for their babies in the early weeks of motherhood. During this time these women were overwhelmed by feelings of anxiety, inadequacy, depression, and negative feelings towards their babies. Bibring (1961) also observed that the 'crisis' of the transition extended further into the postpartum period than developmental theory accounted for.

Other studies have similarly highlighted the difficulties women experience in adapting to early motherhood. Breen (1975) described only 11 of the 50 women she studied as being well-adjusted (in the sense of being "at-peace-with-herself-and -her-environment). The remaining 39 women showed varying degrees of depression and ill-adjustment. Markham (1961) found in her comparison of psychotic and nonpsychotic new mothers that the nonpsychotic mothers showed a capacity for growth from their experiences, but both groups showed evidence of a depressive reaction to early motherhood. Similarly, in a longitudinal study of 55 normal women in Britain, Oakley (1980) found that only two of these women showed no evidence of depression and were simultaneously satisfied with motherhood and had positive feelings for their babies. She concluded that depression is a typical, rather than an unusual response to becoming a mother.

Postpartum depression does not entirely preclude the possibility of personal growth, but it does suggest a negative response to motherhood, and indicates that a majority of women experience difficulty adapting to the mother role. Furthermore, it seems that although many women do attain a new level of development and personality integration as a result of becoming a mother, there is a wide variation in the success with which women are able to resolve their conflicts and integrate the mother role (Grossman et al., 1980).

A number of studies have attempted to identify variables which predict a woman's adjustment to pregnancy and/or early motherhood. Based on the assumption of the developmental perspective that a positive adaptation to motherhood entails an intrapsychic process of identification with the mother role, these studies have, for the mostpart, focused on intrapyschic and interpersonal factors related to adjustment. Situational and social variables have, to a lesser extent been considered relevant to this process of adaptation. These studies are reviewed in the following sections, with the purpose of attaining an understanding of those factors which influence women's experiences of the transition to motherhood.

Intrapsychic Variables Related to Adjustment

Resolution of Ambivalent Feelings

As stated earlier, developmental theorists equate adjustment to motherhood with a positive identification with the mother role, and propose that a woman's ability to see herself as a good mother is closely related to her ability to resolve her ambivalent feelings towards her mother and attain a sense of having been well-mothered herself. There is, in fact, some support for this theoretical position.

Ballou (1978) and Breen (1975) both reported that although there was a tendency for all the women in their studies to reconstruct their perceptions of their own mothers in a positive light, those women who perceived their mothers with extreme ambivalence and hostility had more difficulty resolving their feelings and were subsequently less likely to identify with the mother role. In other words, those women who persisted in seeing their own mothers as having been 'bad' mothers were less inclined to value themselves as mothers in the early postpartum period. The importance of this relationship between a resolution of a woman's ambivalent feelings towards her mother and a positive identification with the mother role has been highlighted by studies of postpartum psychoses, which have related this extreme form of postpartum disturbance to women's unresolved hostility towards their mothers (e.g. Markham, 1961; Melges, 1968). It seems then, that a woman's experience of the transition to motherhood is significantly influenced by her perceptions of her own mother and her ability to resolve her ambivalent feelings towards her.

Individual Personality Characteristics

Viewed from the developmental perspective, postpartum adjustment difficulties are rooted in women's individual personalities. A number of studies, therefore, have attempted to identify specific personality attributes which predict adjustment difficulties. The results of these studies lend little support to developmental theory, however; they suggest instead that many of women's conflicts as they become mothers stem from the inherent difficulties of the mother role as defined by modern society.

Leifer (1977) reported that the best predictor of women's adjustment to pregnancy and early motherhood was the level of maturity and personality organization attained by early pregnancy. Through the administration of in-depth interviews at different points throughout pregnancy and early postpartum, in conjunction with a variety of attitude and self-assessment checklists, Leifer was able to distinguish high, moderate, and low levels of adjustment in the 19 women she studied. She found a positive correlation between the level of adjustment attained in early pregnancy and that of early motherhood, indicating that those women who had achieved stable mature personalities prior to becoming pregnant were more likely to experience psychological growth in response to motherhood. These women were more likely to have been motivated towards motherhood by "a desire to expand and enrich an already satisfying life". In contrast, women in the moderate and low levels of adjustment groups were typically motivated by needs for security, or their pregnancies were unplanned.

The importance of a woman's basic personality and level of maturity has been underlined by a number of other studies. Grossman et al. (1980), Markham (1961), Shereshefsky and Yarrow (1973) all found that a woman's maturity and personality integration in early pregnancy predicted her adjustment to the postpartum months. In a similar vein, Grimm and Venet (1966) reported a relationship between women's emotional and attitude adjustment to pregnancy and postpartum emotional adjustment, and Grossman et al. (1980) found that some women seemed to employ more effective coping strategies than others. These women seemed better able to accept change in their lives, they were more open about their ambivalent feelings, and seemed more willing to ask for help from others. Breen (1975) also found that an open expression of ambivalence was related to a positive adjustment to early motherhood. These findings suggest that it is those women who are optimally equipped to cope with life in general who are best able to adapt to the difficulties of early motherhood.

The only specific personality attributes which have been related to a positive adjustment to motherhood are ego strength and nurturance (Shereshefsky and Yarrow, 1973). The significance of 'ego strength' in facilitating a woman's adjustment to motherhood is supported by Breen's study on the changes in self-concept women experience as they become mothers (Breen, 1975). She found that those women who adjusted well to motherhood saw themselves as less feminine in early motherhood than at the beginning of pregnancy. This contradicts the assumption of the developmental perspective that an identification with the mother role entails an acceptance of femininity. Breen suggested that this finding may reflect a cultural bias concerning the definition of 'femininity'. Women have traditionally been viewed as 'passive' and tend to have been socialized accordingly. As Breen points out, however, the task of coping with the responsibilities of motherhood demands a well-integrated personality who can actively take control of her situation. Paradoxically, then, those women who best conform to the social ideal of femininity are least likely to adapt to the mother role.

Further related to the varying strengths of women's individual personalities, Breen also found that the factor which best distinguished between women who adapted well to early motherhood and those who adapted less well was their ability to reconstrue their perceptions of the 'ideal' mother to fit more closely with their perceptions of themselves as mothers. Breen observed that the mother role is very narrowly defined in modern society and found that initially women tended to perceive the ideal mother in these culturally-defined terms.

Those women who were then able to reconstruct this perception upon confronting the realities of motherhood, however, adapted better than those women who persisted in seeing the ideal mother in unrealistic terms, and therefore in contrast to themselves. Oakley (1979a) interpreted this finding as evidence that

> It is the cultural idealization of motherhood/femininity that poses the greatest dilemma for women in becoming mothers, because their personal experiences of reproduction and motherhood conflict with the cultural paradigm they have been socialized to hold. (p. 620)

In summary, it appears that the women who adjust with the least difficulty to early motherhood are those who have mature, well-integrated personalities and have developed effective coping strategies. They tend to be nurturing persons who see themselves as active rather than passive and are motivated by a desire for further personal growth. Furthermore, these women appear to be less bound by the cultural definition of motherhood/femininity and are therefore able to modify their perceptions of themselves and the mother role to fit more closely with reality.

This profile of the woman most likely to adapt to motherhood portrays a rather uniquely capable individual who is likely to cope well with any difficult situation. Consequently, these results strongly suggest that it is the specific nature of the mother role as defined and structured by society, rather than women's personal inadequacies, which generates many of women's adjustment difficulties (Leifer, 1980b). This suggestion is supported by studies which have investigated social variables related to adjustment.

Social Variables Related to Adjustment

Very little research on women's transition to motherhood has included an investigation of social influences. A few studies, however, indicate that the social role of mother in itself is a major source of conflict for women. Davids and Rosengren (1962), for example, related high anxiety in women during pregnancy and early motherhood to a dissatisfaction with their change in social status, a finding supported by Stein (1967). Similarly, Gordon and Gordon (1967) found role conflict to be a greater source of conflict for women than personal insecurity factors. These results suggest that, for many women, the change in social status related to becoming a mother generates an anxiety which may interfere with their adjustment to their new role.

There is some evidence that the conflict caused by the change in social status accompanying motherhood is related to a woman's perception of herself and the value she places on the mother role. Breen (1975) and Oakley (1980) both found that those women whose self-concept was more traditionally defined, i.e. they accepted the mother role as their main vocation, experienced less conflict and adapted well to motherhood. Those women who continued to value their outside employment, on the other hand, tended to be more ambivalent and less satisfied with the mother role. This finding is supported by Gladieux (1978), who reported that 'traditional' women were more likely to experience satisfaction during their pregnancies than 'modern' women. Similarly, Douglas (1962) found career versus motherhood responsibilities to be a major source of conflict for women in early motherhood.

The studies reviewed indicate that the mother role is a source of conflict for women as they become mothers. The question which is left unanswered, however, is 'why?' Feminist theorists suggest that a major reason for this difficulty is the lack of support women receive in coping with the heavy responsibilities of mothering. Support for this perspective is indicated by studies on the interpersonal variables related to adjustment, presented in the next section.

Interpersonal Variables Related to Adjustment

Need for Support

The value of emotional and practical support in facilitating women's adjustment to the mother role has been highlighted by a number of studies. The husband's role in providing support, in particular, has been identified as important. In addition, it seems that supportive counselling during a woman's transition to motherhood can help ease her adjustment to this role.

A woman's current relationship with her husband has emerged as perhaps the most significant interpersonal variable facilitating a positive adjustment to motherhood. A number of studies have related a supportive marital relationship to a good adjustment to motherhood (Ballou, 1978; Bibring, 1961; Cohen, 1966; Colman, 1969; Grossman *et al.*, 1980; Leifer, 1980b; Oakley, 1980; Pines, 1972; Shereshefsky and Yarrow, 1973). In spite of the evidence that the marital relationship deteriorates during the early postpartum months (Leifer, 1980b; Grossman *et al.*, 1980; Shereshefsky and Yarrow, 1973), the quality of this relationship has been identified as the best predictor of maternal adaptation (Grossman *et al.*, 1980; Shereshefsky and Yarrow, 1973).

Whereas some of these studies have emphasized the importance of the husband's role in helping a woman accept her increased dependency needs during pregnancy and help her resolve her ambivalence towards her mother (Ballou, 1978; Bibring, 1961; Cohen, 1966; Wenner et al., 1969), others have noted the importance of men's willingness to assist with baby care and household responsibilities following delivery (Grossman et al., 1980; Leifer, 1980b; Oakley, 1980). Oakley (1980) identified a 'joint marital relationship', where men and women shared domestic responsibilities, as a major buffer against postpartum depression in new mothers.

Temperament of the Infant

Another relationship of importance to women's adjustment to motherhood is the baby itself. Although most studies on the mother-child relationship have focused on the effects of the mother on the infant's behavior (Leifer, 1980b), recent studies have suggested that the infant plays an important part in how women respond to motherhood. For example, Leifer (1980b) reported that the development of maternal feelings was influenced by the baby's responsiveness to its mother. Shereshefsky and Yarrow (1973) found mothers of colicky infants to be less confident and less accepting of their babies at three months postpartum. Grossman et al. (1980) also reported that women's adjustment was influenced by their babies' behaviors. Clearly, this is an additional variable which must be considered when attempting to understand any individual woman's response to motherhood.

Role of Supportive Counselling

The importance of a woman's relationship with her husband in facilitating her adjustment suggests that support from others serves to ease the crisis of the transition to motherhood. A number of studies have, for this reason, recommended supportive counselling for pregnant women and/or new mothers (Colman, 1969, 1971; Pines, 1972; Stein, 1967) and those studies which have investigated the effectiveness of counselling in helping women make the transition to motherhood have reinforced its potential usefulness. For example, Shereshefsky and Yarrow (1973) found that women who received supportive counselling during pregnancy coped better with labour and delivery and experienced less of a disruption in their marital relationships. Similarly, Gordon and Gordon (1959, 1960) found prenatal instruction focusing of the social and psychological changes related to motherhood effective in reducing the stress of this transition.

Colman (1971) also reported on the effectiveness of a prenatal support group in preventing adjustment difficulties. He noted, however, that there was a high dropout rate from these groups, which he attributed to women's dislike of the 'pregnant identity' which characterized the groups. He concluded that many women are able to get support in a more informal way, but such sources of emotional and practical support may be useful to women who are without an accessible support network. This suggestion has also been made by Pines (1972), and the increasing popularity of postnatal support groups suggests that a growing number of women feel a need for this kind of support.

The results of these studies suggest that women benefit from a supportive environment as they make the transition to motherhood. The following section provides further evidence that a woman's life situation is important to her ability to cope with the changes which occur at this time.

Situational Variables Related to Adjustment

Relatively few studies have investigated the effects of a woman's life situation on her adjustment to pregnancy and/or early motherhood. There is some evidence, however, that situational variables do play a role in the success with which this transition is made. Shereshefsky and Yarrow (1973), for example, included 'current life situation' in the six sets of variables selected for the investigation of women's adjustment to pregnancy and motherhood (the other five sets of variables being life history, current personality, pregnancy experience, maternal adaptation, and infant characteristics), and reported that a variety of 'external stresses' significantly influenced couples' acceptance of and adjustment to pregnancy and the early postpartum period. They concluded, however, that in spite of the social ramifications and interpersonal meanings of a first pregnancy, it is essentially an intrapsychic experience and is therefore more significantly influenced by emotional and personality factors (p. 98).

Other studies have allotted more importance to certain situational variables. Colman (1969) considered pregnant women to be particularly vulnerable to environmental stresses and cited the physical home environment to be of notable importance in determining their responses to motherhood. In support of this finding, Oakley (1980) reported proper housing to be a safeguard against postpartum depression. In addition, Grossman et al., (1980) noted that social economic status was an important factor in women's initial acceptance of their pregnancies, and Gordon and Gordon (1959) identified suburban living as a major source of stress for new mothers.

In summary, several situational variables have been identified as important in influencing women's experiences of the transition to motherhood. Research in this area has been limited, however, and it is possible that many of the potential effects of a woman's situation on her experience of pregnancy and early motherhood have been overlooked. Women's different experiences of motherhood appear to be related to class differences (Gavron, 1966), for example, and most of these studies are restricted to middle-class women. The need for research which includes contextual information is evident.

Summary and Implications

Research on the psychological changes accompanying the transition to motherhood indicates that, as suggested by developmental theory, becoming a mother involves an intrapsychic process of identification with the mother role. It further seems, however, that women's adjustment to this role is impeded by its very social structure - a conflict not accounted for by the developmental perspective.

Investigations of women's adjustment to the transition to motherhood imply that the mother role is a major source of conflict for women as they become mothers. For the most part however, these studies fail to articulate why women experience such difficulty identifying with and adapting to this role. Viewed from the feminist perspective, this failure stems from a neglect of the social context of motherhood and how it affects women.

Very little research on the transition to motherhood has investigated the social meaning of becoming a mother. Most studies have, instead, focused on the intrapsychic and interpersonal effects of becoming a mother, without questioning the basic nature of what women are required to adapt to. Two very recent studies, however, have explored the social implications of becoming a mother. Based on women's subjective experiences of the transition to motherhood, these studies by Leifer (1980b) and Oakley (1980) offer further support for the feminist perspective, and help to illuminate the difficulties presented by the social structure of the mother role.

SOCIAL MEANING OF BECOMING A MOTHER

Both Leifer (1980b) and Oakley (1980) did longitudinal descriptive studies of women's experiences of first pregnancy, childbirth, and early motherhood. Leifer interviewed 19 American women throughout the course of their transitions to motherhood in an attempt to explore the intrapsychic, interpersonal, and social changes inherent in becoming a mother. Her main purpose was to describe women's experiences of pregnancy and early motherhood and identify common issues for women as they underwent the transition to motherhood.

Oakley's study was carried out in Britain. She interviewed 55 women concerning the social and medical aspects of the transition to motherhood in an attempt to investigate the social meaning of becoming a mother. In particular, she hoped to determine if there was a connection between women's emotional responses to motherhood and the medical management of childbirth.

Both Leifer and Oakley, then, undertook to investigate the effects which the social context of motherhood has on women. Leifer, however, did so from an ecological perspective; she studied the psychological process by which women become mothers as well as the social changes they encounter. Oakley, on the other hand, conducted her study from a feminist perspective. She saw the transition to motherhood as a life event whose meaning is determined primarily by the social context within which it occurs; she therefore considered a 'sociology of reproduction' to be the only valid way of understanding women's responses to becoming mothers. The purpose of this section is to review their findings related to the effects of the social context on women's experiences of the transition to motherhood.

Effects of the Social Context on Women's Experiences of Becoming Mothers

The major theme which emerged from these studies is the importance of the social context of motherhood in shaping women's experiences of becoming mothers for the first time. Both studies indicated that the social definition and structure of the mother role generate conflict and stress in women and are a major source of women's adjustment difficulties. Leifer found, for example, that the predominantly negative emotional tone of early motherhood was distinctly different from that of pregnancy and could be attributed to women's dislike of the mother role. Even those women who were optimally prepared to cope with this role found the demands of motherhood stressful and difficult. In particular, the isolation of staying home, the heavy childcare responsibilities, the lack of adult stimulation, the tedium of housework, and physical fatigue were cited by Leifer as common themes of distress for the women in her study. Similarly, Oakley reported that most of the women in her study found their new lifestyle restricting and difficult to adapt to.

Both Leifer and Oakley concluded from their studies that a major source of women's ambivalence as new mothers was the discrepancy between the social idealization of the mother role and the subsequent realities of motherhood. Oakley reported that most of the women in her study were completely unprepared for the changes inherent in becoming a mother, and experienced early motherhood as a 'shock', which disrupted their lifestyles, routines, and personal identies. Those women who had had previous experience with babies, moreover, tended to be more satisfied with motherhood, suggesting to Oakley that they had been better prepared for the realities of motherhood.

Leifer also noted a discontinuity between women's experiences of pregnancy and those of early motherhood. She found that the women in her study entered motherhood with romanticized conceptions of what motherhood would be like; for the most part they expected the mother role to provide them with a life purpose and fulfillment many felt had been lacking in their lives. The realities of motherhood quickly shattered these expectations for many women, however, and they were forced to reevaluate the role and the meanings it had for them.

Leifer found that women's acceptance of the social definition of the mother role was further reflected in their high expectations of themselves as mothers. For example, many women had difficulty accepting their ambivalent feelings towards the baby and/or the mother role. They tended to feel guilty about these feelings and blamed themselves for their frustrations and resentment. Furthermore, although most women found their heavy household and childcare responsibilities difficult to cope with, they continued to feel they 'should' be able to manage on their own, and showed a reluctance to ask for assistance from their husbands. Leifer concluded from these findings that these women had internalized the social definition of the ideal mother and felt conflicted by their own responses to motherhood.

> Women were anxious because their moods not only did not resemble their customary way of responding, but also did not correspond with the way women are supposed to feel as mothers...The myth of motherhood depicts the new mother as radiant and blissfully engrossed in the care of her infant. Most women were completely unprepared for the extent to which their emotional lives would be disrupted by the advent of motherhood. The cultural stereotypes of the new mother with which they were presented served to widen the discrepancy between their own experiences and what they thought they should be feeling. (p.60)

It is evident that the women in both these studies had difficulty coping with the social definitions and conditions of the mother role. Leifer found it necessary, however, to distinguish between women's experiences of 'motherhood' and 'mothering'. Although most of the women in her study disliked the role of mother, they derived considerable satisfaction from their babies, and experienced a corresponding increase in self-esteem. In spite of stress generated by the mother role, these women viewed themselves as more mature and closer to their ideal selves. It seemed that, to a large extent, their relationships with their babies compensated for many of the negative aspects of their experiences.

In contrast to Leifer's findings, Oakley reported that the majority of women in her study showed a decrease in self-esteem following childbirth. She noted that, for these women, becoming a mother was experienced as a loss of personal identity, which Oakley related to the changes in social status accompanying motherhood. In particular, her analysis showed that women's depression was directly related the the degree of technological intervention in childbirth, thereby underlining the significance of the social context on women's responses to motherhood. She concluded from this that women's negative responses to motherhood are not a result of personal inadequacies, as suggested by the developmental perspective, but rather reflect a human response to a hostile environment.

Summary and Implications

In conclusion, two recent studies on the social meaning of becoming a mother have offered further support for the feminist perspective of the transition to motherhood. Both Leifer (1980b) and Oakley (1980) found that the social structure of motherhood is a major source of distress for women as they become mothers for the first time. It seems that the idealistic social definition of the mother role generates a conflict between women's expectations of this role and their actual experiences of motherhood. Furthermore, the social conditions under which many women are required to mother are stressful and provoke further ambivalence.

The effects of this social structure on women's experiences of the transition to motherhood have not been completely resolved. Leifer found that, in spite of the stresses accompanying the mother role, most women experienced motherhood as fulfilling, and self-enhancing. Oakley, on the other hand, reported a decrease in self-esteem in most of the women she interviewed. This discrepancy is further reflected in their theoretical positions. Oakley emphasized the loss of identity and self-esteem accompanying the transition to motherhood. Although she recognized that for many women the personal meaning of having a child may compensate for these losses, she concluded from her study that the social structure of motherhood strongly biases the outcome of the transition to motherhood in favour of personal loss and, therefore, depression. For this reason, Oakley considered a sociology of the transition to motherhood to be the only valid way of understanding what happens to women when they become mothers.

In contrast to Oakley's position, Leifer argued for an ecological approach to understanding the transition to motherhood. Placing more emphasis on the developmental process of becoming a mother and what this means to women, she concluded that an integration of the feminist and developmental perspectives is necessary to account for the biological, psychological, and social components of the transition to motherhood.

The research reviewed earlier on the psychological process of becoming a mother supports Leifer's conclusion that this process constitutes an important and personally meaningful experience for women. The full implications of the social meaning of motherhood, however, have only begun to be investigated and understood. The need for further research which integrates these two perspectives is indicated.

The present study therefore investigates both the personal and social meanings of becoming a mother. In particular, the following research questions are considered:

> What difficulties do women experience during the transition to motherhood?
>
> What satisfactions do they experience? To what extent do these compensate for the difficulties?
>
> How are women's experiences of the transition to motherhood influenced by the context of their perceptions of motherhood and their situations?

In order to highlight the context of women's experiences, they are presented in case study format. The methodology of the study is discussed in further detail in the following chapter.

CHAPTER III

METHODOLOGY

The content of this chapter deals with the methodological approach of the study and the design and procedure of the research. A brief overview of the phenomenological paradigm is presented. In addition, the design, procedure, and limitations of the study are reviewed.

BACKGROUND TO PHENOMENOLOGY

Phenomenology is a paradigm of scientific inquiry within the field of psychology. A paradigm is a methodological model which is defined by an implicit or explicit set of beliefs or assumptions (Guba, 1979b) and delineates both the questions which are posed by researchers and the ways in which they are investigated (Giorgi, 1970). The purpose of this discussion is to review the goals, content, and methodological approach of the phenomenological paradigm.

Goals and Content of Phenomenology

Psychological inquiry has traditionally been dominated by the natural science paradigm (Giorgi, 1970; Guba, 1979b; Gurwitsch, 1974), which implicitly assumes that human behavior is mechanical, repetitive, predictable, determined by the environment, and reducible to simple operational variables which can be manipulated, controlled, and studied independently of one another (Giorgi,1971b; Hitt, 1961; von Eckartsberg, 1971). The commitment of this approach to the scientific method has restricted psychological inquiry to phenomena which are observable and measurable, i.e. overt behavior (Valle and King, 1978). Because the scientific method can be applied only to phenomena whose existence and characteristics can be observed, measured, and agreed upon by more than one observer (Valle and King, 1978), human consciousness, i.e. subjective experience, has been designated as beyond the realm of scientific investigation. Viewed from this perspective, the goal of psychology is the prediction of human behavior.

Phenomenologists have criticized the natural science paradigm for its absolute commitment to the scientific method and allowing its predefined methodology to determine both the content and goals of psychology (Giorgi, 1970; Guba, 1979a, 1979b; Gurwitsch, 1974). They have argued that although the assumptions implicit in this approach may be applicable to the world of physics, they are inadequate for the study of human beings. Because the phenomenological paradigm defines the goal of psychology to be the understanding of human nature in all its aspects, i.e. behavior and consciousness (Misiak and Sexton, 1973), the natural science definition of psychology as the study of behavior has been viewed by phenomenologists as inadequate and unnecessarily restricting.

In contrast to the natural science approach, phenomenologists have considered the study of human consciousness or experience to be an essential component of psychological inquiry. They have suggested that, rather than dismissing human experience as content for psychology because the existing methodology cannot be applied to it, alternate methodologies should be developed to fit the problems (Giorgi, 1970).

Underlying Assumptions of Phenomenology

Role of Consciousness

Phenomenologists have viewed human experience as an essential component of psychological inquiry because of several basic assumptions made about human existence. For instance, they believe that human beings have a consciousness and that this consciousness is instrumental in shaping the individual's interaction with her world (Valle and King, 1978). Behavior is seen as a function of perception and personal meaning, rather than as a direct and predictable response to environmental stimuli (Combs _et al._, 1976). Operating from this assumption, human behavior can never be understood without knowing how different phenomena are perceived and interpreted by the individual, i.e. what meanings they have for her. It is the interrelationship between perception and behavior, rather than behavior and environment, which is assumed to be significant. Consequently, in its attempt to understand the essence of human nature in all its complexity, phenomenology has emphasized the importance of exploring human experience and the meanings attributed it. As expressed by Giorgi (1971b):

> ...[T]he content of phenomenology is comprised of the data of experience, its meaning for the subject, and most particularly, the essence of phenomena...[P]henomenology centers on the meaning of phenomena. By analyzing meaning the significance and relevance of an experience for the person becomes intelligible. Furthermore, a knowledge of the essence of the phenomena of consciousness is indispensible for an understanding of them. (p. 10)

Human Relationship with the World

The assumption that human beings give meaning to their experiences has further implications for the phenomenological approach to the study of human experience. Each individual is seen as 'co-constituting the world', i.e. she has an interactive, rather than a passive relationship with the world (Valle and King, 1978). She is not seen in isolation from her world, but rather as an entity of which her world and her interactions within if form an inseparable part. Consequently, phenomenologists have emphasized the importance of studying individuals in relation to their unique worlds, i.e. within the context of their experience. The necessity of adopting such a holistic approach for the study of human phenomena has been underlined by von Eckartsberg (1971):

> ...[W]e cannot with confidence make generalizations or specific predictions regarding any single individual or any situation without having to relativize everything by including idiosyncratic, contextual, and situational considerations which put us right back into the domain of everyday life. (p.330)

Phenomenological Methodology

Phenomenology's focus on human experience - its context and its meaning - has had important implications for the methodology of psychological inquiry. It is immediately evident that the scientific method is inadequate for the task of exploring subjective experiences, because consciousness is neither directly observable nor quantifiable. Furthermore, the practice of reducing human phenomena to isolated variables and then conducting experiments in a laboratory setting completely negates the importance of the context within which the phenomena appear (von Eckartsberg, 1971). Consequently, phenomenologists have rejected the scientific method in favour of a qualitative descriptive methodological approach to psychological inquiry (Colaizzi, 1978; Giorgi,1971b; Guba, 1979a, 1979b). By exploring, describing, and analyzing the perceptions, feelings,and contexts of people's experiences of psychological phenomena, phenomenologists attempt to disclose the meanings it has for different individuals.

> ...[I]n describing what [an experience] is like for him, the subject also discloses some aspects of the meaning of the phenomena for him. Similarly, in arriving at the essence of a phenomenon, one also discloses its meaning...Thus, for the human sciences, the essential question is not, how do we measure phenomena?; but rather, what do the phenomena mean? (Giorgi, 1971b, p.21)

The phenomenologist's ultimate goal in exploring the diversity of meanings any given phenomenon has for different individuals is to uncover its underlying structure (Giorgi,1971b; Valle and King, 1978). The structure of a phenomenon has been defined as "...the commonality running through the many diverse appearances of the phenomenon" (Valle and King, 1978, p. 16) and, according to phenomenologists, the only way of apprehending this structure, and thereby gaining a basic understanding of the phenomenon under study, is through the exploration of meaning (Valle and King, 1978).

Methodological Techniques

The phenomenological paradigm employs a variety of methodological techniques to explore human experience and disclose the underlying structure of psychological phenomena. In contrast to the natural science approach, which attempts to maintain a distance between its researchers and its subjects in the interest of 'objectivity', phenomenological methodology characteristically employs the researcher as a research instrument (Giorgi,1970). The methodological techniques most commonly used are observation and interviews (Colaizzi, 1978; Guba, 1979b), where the researcher's probings, observations, and inferences are valued as useful research tools (Combs et al., 1976; Giorgi, 1971b). Furthermore, because personal meanings are more often implicit than explicit, the analysis of data obtained by these methods usually involves a process of thematizing the descriptive data, wherein the researcher is further required to employ his/her intuition, observations, and interpretive skills (Giorgi,1971b).

The Case Study

Phenomenological studies are frequently presented in a case study format (Guba, 1979b). The purpose of case studies is to probe the many facets of human experience in order to attain a holistic understanding of the phenomenon under study (Cohen and Manion, 1980). Because case studies are embedded in the everyday experiences of the individual(s) being studied, they provide a context for the phenomenon under investigation as well as illuminating the meanings the individual's experience has for her (Guba, 1979b; Haymond, 1981; Stake, 1978). Furthermore, their life-like narrative style makes case studies accessible to a wide range of individuals, thereby providing the general population with an opportunity to extend their own experience and increase their understanding of it (Stake, 1978).

Phenomenologists have described the understanding which emerges from case study methodology as 'tacit' knowledge. In contrast to the experimental approach of the natural science paradigm, where the purpose is to explain phenomena, the tacit knowledge derived from idiographic data based on everyday human experience serves to increase understanding of phenomena by extending our experience of them (Stake, 1978). Although absolute generalizations about human phenomena cannot be made based on this form of data, it is possible to formulate "working hypotheses' which can be adapted to different circumstances according to how well they fit the context of the new situation (Guba, 1979a). Stake (1978) has referred to these hypotheses as 'naturalistic generalizations:

> Naturalistic generalizations develop within a person as a product of experience. They derive from the tacit knowledge of how things are, why they are, how people feel about them, and how these things are likely to be later or in other places with which this person is familiar. They seldom take the form of prediction but lead regularly to expectation. (p. 6).

Summary

The phenomenological paradigm constitutes a holistic approach to the study of human beings. It is concerned with the question of what psychological phenomena mean to the individuals who experience them, and employs a descriptive qualitative methodology to explore human experiences of these phenomena within their everyday context. The phenomenologist's goal in exploring and describing meaning is to arrive at an understanding of the essence of phenomena by disclosing their underlying structures.

Although proponents of phenomenology have described this paradigm as a complement to the natural science approach to psychology, rather than an alternative, they tend to view this holistic approach as more appropriate to the study of human phenomena than the reductionistic approach of the natural science paradigm. As expressed by Stake (1978):

> ...Truth in the fields of human affairs is better approximated by statements that are rich with the sense of human encounter: To speak not of underlying attributes, objective observables, and universal forces, but of perceptions and understanding that come from immersion in and holistic regard for phenomena. (p.6)

Malmo (1980) and Westkott (1979) have pointed out that this methodological approach is particularly appropriate for research on women due to its emphasis on subjective experience and its sensitivity to context.

As outlined earlier, the purpose of this study was to explore and describe what becoming a mother means to women. It is a phenomenological study in three major respects. First, the very question of what becoming a mother means to women is based on the phenomenological assumption that subjective perceptions and personal meanings are important areas of psychological inquiry. The question assumes that an investigation of personal meaning and experience will contribute to a better understanding of how women are affected by becoming mothers and the implications this has for their individual development and mental health.

Second, this study is designed to explore the contexts of women's experiences of motherhood as well as the meanings it has for them. Research has indicated that a concern for both personal meaning and context is important to a more comprehensive understanding of women's difficulties in making the transition to motherhood (see Chapters I and II).

Finally, the nature of this study, i.e. the exploration of women's subjective experiences of the transition to motherhood does not lie within the scope of traditional scientific methodology. Consequently, a qualitiative descriptive methodological design, consistent with phenomenological goals and assumptions, has been used. This design is described in the following section.

RESEARCH DESIGN

Case Study Method

The case study method was selected for this study because it was congruent with both the phenomenological approach to research and the specific aims of the present investigations. Women's subjective experiences of the transition to motherhood were presented as individual cases in order to highlight the uniqueness of each woman's personality and situation and the meanings motherhood had for her, while at the same time allowing the commonalities of these women's experiences to emerge.

A wide variety of techniques can be used to obtain data for case studies. For example, observation, interview, psychological tests, and historical documents have all been employed as research tools for this purpose (Guba, 1979b; Haymond, 1981). The main instrument used in this study was the interview technique. Each woman was interviewed twice during the course of the study, approximately one month previous to and again two months following the birth of her first child.

Interview Technique

Interviews are often used as the main instrument in research when the purpose of the study is to gather information from respondents and explore their responses with them (Cohen and Manion, 1980; Isaac and Michaels, 1979). There are two basic types of research interview: the structured, or directive interview and the unstructured, or non-directive interview (Cohen and Manion, 1980). Whereas the content and procedures of the structured interview are organized in advance in the form of a fixed interview schedule, the unstructured interview is more open-ended, allowing the respondent more freedom to express herself from her own frame of reference. Questions are loosely based on research goals, but the shape assumed by the actual interview is directed by the respondent herself (Cohen and Manion, 1980, p. 243).

A modified form of the unstructured interview, the focused interview, was employed in this study because it capitalizes on the strengths of the unstructured interview technique while eliminating some of its weaknesses.

The focused interview is non-directive in the sense that the questions asked are open-ended and in no fixed order but, unlike the unstructured interview, it is based on an interview guide which is constructed from a previous analysis of the problem. This allows the interviewer a more active role in the interview, while continuing to elicit responses from the individual's personal frame of reference (Cohen and Manion, 1980). Although the scope of the interview is therefore broadly defined by the objectives of the research and the questions asked, its purpose is to explore in depth the individual's subjective experience of the phenomenon under investigation.

For the purposes of this study, an interview guide broadly based on existing research and the goals of the present research was devised. Open-ended questions were designed to explore three basic areas of women's experiences of the transition to motherhood: their perceptions of motherhood, their perceptions of themselves, and their pereptions of their situation. An outline of this interview guide is presented in Appendix I.

In addition to the interview guide, a brief questionnaire was devised by the researcher to gather background data pertaining to such factors as age, occupation, and marital status (see Appendix II).

Who-Am-I? Technique

The Who-Am-I? technique as described by Gordon (1968) was initially selected to serve as a measure of the women's perceptions of themselves. It was intended to be administered during each of the two interviews so that a measure of change in self-concept could be obtained. The technique consists of simply asking the respondent to provide twenty answers in twelve minutes to the open question of Who Am I? Each meaning element is then coded according to its category designation, its tense, its evaluation, and the importance rank assigned to it by the respondent.

After administering this technique to several women it was decided by the researcher to discontinue this component of the research design and rely solely on the interview data for information on the women's self-perceptions. The reason for deleting this technique from the study was that most of the women had objections to this request. One woman refused to do it altogether, referring to it as a 'game'. It was felt that to persist with the instrument might jeopardize the relationships established between the researcher and the respondents and that it would be preferable, and perhaps more reliable, to depend on the interview data for this information[1].

RESEARCH PROCEDURE

Participants in the Study

Because of the personal nature of the study, the sample was comprised of volunteers. It was felt that self-selected participants would be more willing to share their personal thoughts and feelings related to their experiences. The women who participated in the study were obtained from a variety of sources. Notices advertising the nature of the study, and requesting interviews with women who were willing to share their experiences of the transition to motherhood, were distributed to a number of obstetricians, family practitioners, prenatal classes, and newspapers. Interested women then contacted the researcher by telephone, at which time the nature of the study was explained in more detail and interview times were arranged. In two cases women were initially contacted by the researcher through a mutual acquaintance. The only requirement for participation in the study was that the women were pregnant with their first child.

Ten women participated in the study. All of these women were becoming mothers for the first time, although five had had at least one previous miscarriage. Four women contacted the researcher in response to a newspaper ad, two women through their obstetrician, two through a prenatal class, and two women were contacted by the researcher because they had expressed an interest and willingness to participate in the study through a mutual acquaintance. The reason most of the women gave for participating in the study was that they were interested in the topic and wanted to contribute to the research in this area. Several of the women had been involved in research themselves and wanted to contribute because they knew it was often difficult to find research subjects.

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[1] Altering the design of a study during the course of an investigation is not unusual in phenomenological research, since it is typically characterized by 'emergent', rather than pre-fixed design, and the study is therefore expected to evolve as it progresses (Guba, 1979b; Haymond, 1981).

In many ways the women who participated in the study were a select group of first-time mothers. The average age of the participants was 28.5 years, ranging from 22 to 33 years, and seven of the ten women had university educations. Of the remaining three women, one had a college education and the other two had completed high school. All of the women had worked for at least one year prior to their pregnancies. Their occupations included nursing, teaching, landscape architecture, journalism, sales, secretarial work, and business management. The average age of the women's partners was 29.6 years, ranging from 21 to 34 years, and their occupations included sales, engineering, management, journalism,technology, machine work, accounting, sheet metal work, carpentry, and electronics.

All of the women who participated in the study were married at the time of the first interview. The average length of marriage was 4.5 years, ranging from 6 months to 11 years. Three of the women had had previous marriages.

All of the women had full-term pregnancies and delivered healthy babies. Seven of the babies were boys and three were girls. Nine of the women delivered in hospitals and one at home. One woman had a

Caesarian section.

Interview Procedure

As stated earlier, each woman was interviewed late in her pregnancy and again at two months postpartum; first interviews were arranged during the initial telephone contact. With the exception of one woman, who was first interviewed at her job, interviews were conducted in the women's own homes. All interviews were conducted by myself and were recorded on audio-tape with the signed consent of each of the participants.

During the first interview an initial rapport was established between myself and the respondent through informal social conversation. I then spent several minutes introducing the study and providing some personal background for the respondent. Specifically, it was disclosed that I was 27 years old, had no children myself, but was personally interested in women's experiences of their transitions because I planned to have children myself eventually and hoped to become more aware of how I myself might be affected by becoming a mother. This information was intended to provide participants with a greater awareness of my own frame of reference.

For readers who desire additional information on my background in order to assess the influence this might have had on women's responses, I am a white, middle-class female, with an educational background in biology and psychology. My current area of specialization as a graduate student is counselling psychology.

Each woman was requested to sign a consent form for taping the interview. It was explained that names would be changed in the writeup of the study in order to ensure confidentiality. A brief questionnaire requesting background information such as age, occupation, and marital status (see Appendix II) was filled out at this point.

Following the initial introduction to the study, each woman was provided with a copy of the interview guide in order to give her a general sense for what areas might be covered during the interview. It was emphasized that this was intended only as a guide, and that my primary interest was in exploring each woman's individual experience of the transition to motherhood, and what it meant to her. The interview was then conducted in a relaxed, informal style. Interviews ranged in length from 1½ to 2½ hours. The Who-Am-I? technique was done at the end of the first interview.

The participants in the study were contacted two months after their expected delivery dates, and convenient times for the second interviews were arranged. The general format of the second interview was similar to that of the first. Following informal conversation and an introduction to the baby, the general purpose of the study was briefly reviewed and the interview conducted. Postpartum interviews tended to be shorter in length than first interviews, ranging from 1 to 2 hours. There were also more frequent interruptions required to attend to the baby. Only one interview was conducted without any interruptions from the baby. In spite of these interruptions, the general atmosphere of the interviews remained relaxed and the interruptions did not seem to be disruptive.

All of the participating women expressed a keen interest in the nature of the study. Although a few of the women found some of the questions difficult to answer and/or had difficulty expressing their feelings in different areas, they were all open in sharing their time and their perceptions of their own experiences of pregnancy and early motherhood. All of the women also expressed an interest and curiosity in how other women were responding to the experience of motherhood, and wished to receive feedback in this area. For this reason it was agreed that a summary of the research would be distributed to the participating women upon the completion of the study.

Although ten women were interviewed initially, complete data was obtained for only seven. The second interview for one woman was lost due to a defective tape. Time did not allow for postpartum interviews to be conducted with the two remaining women because one delivered a month later than was initially expected, and the other went on a vacation at the time the interview was to be scheduled. Consequently, seven rather than ten case studies were written up.

Data Analysis

The interviews were analysed by the researcher with the purpose of making explicit the different meanings motherhood had for the women in the study and thereby disclosing the underlying structure of the transition to motherhood. Several steps were involved in the process of data analysis. First, all of the interviews were transcribed verbatim. Next, the interview data was reduced to meaning units, the central theme of which was subsequently summarized into a simple statement. This process follows that described by Giorgi (1971a): a sample is provided in Appendix III.

The two-step procedure of identifying the meaning units and summarizing the central theme of each of these units served a dual purpose.

First, it refamiliarized the researcher with the tone and content of each interview. Second, it reduced the interview data to a simpler, more manageable form, without deleting any of the information. In order to reduce researcher bias, this process was conducted with an attitude of maximum openness, as recommended by Giorgi (1971a), and the specific aim of the study was not yet taken into account.

The next step of data analysis was the construction of the case studies. First, the central theme of each woman's experience, as perceived and understood by the researcher, was identified. Thematic categories related to each woman's experience of the transition, as expressed in the interview material, were subsequently designated, and each of the central themes of the meaning units were assigned to one of these categories. The case study was then written up in the form of a description of the woman's perceptions of motherhood, herself, and her situation, with the thematic categories organized around the central theme of her experience. The raw interview data was continually referred to during this process, and excerpts from the interviews were integrated into the descriptive material in order to ensure that each woman's own perceptions were being represented as accurately as possible.

In the final stage of data analysis, the case studies were interrogated in terms of the research questions posed, and themes emerging from this process were integrated into the final discussion.

LIMITATIONS OF THE STUDY

Three major limitations of the study warrant mention. First, the restricted time-span limits the perspective which can be obtained of woman's experiences of this event. A more comprehensive understanding of the effects of motherhood would be attained by interviewing women several times throughout the course of their pregnancies and the first postpartum year. Due to the time restrictions of this study, however, this was not possible.

Second, in spite of attempts of obtain a diverse sampling of women, those who volunteered for the study constitute a rather select group, and it is important to realize that the findings of this research should not be generalized beyond the experiences of women in similar contexts, i.e. white, middle-class, older, married, educated, without further substantiating research. The fact that only seven women were studied further limits the generalizability of the study.

Finally, the study was based exclusively on self-reports, and is therefore subject to the limitations of this methodology. In particular, as a product of the individual's perceptions, the accuracy of the self-report can be distorted by such factors as the individual's self-awareness, ability to express herself, and willingness to reveal her personal life (Combs *et al*., 1976). Furthermore, the researcher's own background, i.e. white, educated, middle-class, married with no children, may have influenced women's responses to questions. The fact that these women were all articulate and personally motivated to participate, however, controls this limitation at least to some extent.

CHAPTER IV

CASE STUDIES

The seven case studies of women's experiences of the transition to motherhood are presented in this chapter. Names and some identifying information have been altered to ensure anonymity.

CASE STUDY #1 - MARY N.

Although no woman truly knows what to expect of motherhood, Mary's entrance into motherhood, in particular, was a venture into the unknown in several respects. Her pregnancy was 'unconsciously planned', in the sense that she wanted to have a child and was becoming increasingly conscious of her advancing age, but did not make a definite decision to have a child at that time. Rather, she became pregnant soon after switching birth control methods.

> M: We had sort of made up our minds that if a pregnancy occurred, it would be all right... but we didn't actually sit down and say, "Let's have a baby now"...but, also in the back of my mind, was the fact that I was getting older, and if I left it for another couple of years, that would have made me very close to 35.

Aware that the risk of pregnancy was greater, she was nonetheless surprised to become pregnant so quickly, and initially felt rather unsure about what to expect now that it had happened.

> I: How did you feel when you first found out you were pregnant?
>
> M: Very hesitant...because...despite the fact that we had talked about it, we had not assumed that it would happen immediately... and then, when all of a sudden...it's right

> there, so quickly...I was worried about it at first. I thought...well, now it's happened... what are we going to do?

It seems that much of Mary's hesitation was related to her concern about how her husband would respond to being a father again. He had a child from a previous marriage and had not enjoyed the parent role at that time. Although Mary felt that his reaction to his other child was more a reaction to his previous wife, she was concerned about how he would respond to this child, and how it would affect their relationship. She saw her pregnancy as a test of the strength of their relationship, and was reassured to realize that his attitude towards this child was fairly positive.

> M: I was quite pleased when somebody asked him about this baby, and he said, "Oh, this is completely different". It made me see that his attitude really was quite different, and he seems to be really interested, and very... responsible about the whole thing.

This helped to diminish her concern, although she continued to worry about how he would react to the daily demands of an infant, and hoped that she would not be so involved with the baby that she would neglect her husband.

Of further concern to Mary during her pregnancy was the fact that she would be giving up a good job. Although she wanted to stay home with the baby, she felt that they could not really afford for her to be off work.

> M: There have been times...where I've wondered, "What the heck am I doing?" I'm going to be losing a very good job, and there are a lot of things that...financially, we can't afford them ...so there have been times while I've been pregnant where I've sort of thought, "What have I done? Maybe I'm ruining a good chance for us to get financially on our feet".

Mary's concerns about a job were closely related to her uncertainty about what it would mean to leave the baby in someone else's care while she worked.

> M: I feel somewhat concerned about leaving an infant with a babysitter...(pause)...When you do that, you're allowing someone else to have an awfully big effect on your child...how your child is raised, really. The person who looks after it during the day is imprinting their moralistic standards and their philosophies and everything else on your child. It concerns me...It worries me quite a bit.

Another respect in which Mary's entrance into motherhood was a venture into the unknown was that she had virtually no experience with children. She was an only child herself and none of her friends had children. She found that she was often unable to find answers to her questions throughout pregnancy and felt that it would be helpful for women to get together and share their experiences.

> M: I've had a lot of questions while I've been pregnant...various physical and emotional things that have happened to me...and it's hard to get an answer to some of them. You can't get it from your doctor...he's too busy, or he doesn't know. I don't know very many people who have children. If you talk to older women, they have different ideas than what somebody our age would have...I think women need to get together a little bit more...and be able to discuss things like this.

Mary's interest in seeking information seemed to be characteristic, and consistent with her view of herself. She saw herself as active and outgoing and liked to be on top of things. Throughout her pregnancy, she actively sought out information on pregnancy, delivery, and motherhood. In addition to attending prenatal classes, she did a lot of reading, shopped around for a good doctor, investigated alternatives for childbirth management, and observed other mothers with their children. It is noteworthy that she found most of these information sources unsatisfactory.

Expectations of Motherhood

Mary felt very unsure about what to expect of motherhood since she had had so little experience with children, but thought that the fantasies she had were very different from what it would actually be like.

> I: What do you think it will be like...to be a mother?
>
> M: I don't really know. You have all these fantasies, or little images, of what it's going to be like, and I know that the reality is going to be quite different...
>
> ...I: What are some of those fantasies that you have?
>
> M: ...(pause)...I think probably a lot of it comes from fantasies of the 'fifties, which was my mother's time, which was what you sort of grew up with, and hear about, and that sort of thing... (pause)...I don't know. I guess we all imagine that we're going to have a beautiful child...perfect in every way...(laughs)...Well, you don't know about a lot of the bad things that can happen, so you don't think about them much. You tend to dwell more on what's going to be so nice to have a little baby to look after. I think a lot of it is probably something that makes you feel important and needed.

Mary felt that her desire for a child to care for was somewhat selfish, because it would be fulfilling her own need to nurture. She was aware that having a baby would involve a sacrifice of her freedom, and thought that having to consider another person in her life might make her less selfish. She also hoped to become more calm, since she found it difficult to relax.

Mary felt that, although it is necessary for women to make some sacrifices as mothers, it is also important to find ways of fulfilling themselves. She believed that a good mother is "a woman who is able to do things as she feels she should, in order to be a good mother", because she felt that a woman does a better job as a mother if she is happy herself. She felt some concern herself about becoming so immersed in her baby that she couldn't talk about anything else.

> M: I think you have to have more than one side to your personality...I don't mind becoming immersed in mothering...(laughs)...but not total immersion...(laughs)...

She also felt apprehensive about being overindulgent with her child, since she enjoys spoiling people.

Most of Mary's expectations of herself as a mother revolved around her concern that she allow her child room to develop as an individual. She had always found it difficult to live up to her own mother's expectations, and wanted to appreciate her child for itself, rather than for her expectations of it.

> M: I spent most of my life trying to live up to my parents' expectations...so I hope that I won't put that kind of burden on my own child...that I will encourage it to be its own personality, rather than what I want it to be, or expect it to be...and yet trying to give it some kind of guidance.

Although Mary had worked since leaving university, and felt somewhat apprehensive about staying home, she looked forward to having the time for doing things she enjoys.

> M: I'm looking forward to staying home, because there are lots of things that I enjoy doing around the house, but also because there are a lot of things that I enjoy doing out and about, which I don't normally have time to do...There are a lot of things that I just haven't had time to do, so I'm looking forward to having time to do that. Especially while the baby is

> really small...it's of very little hindrance to you. You can just take it with you.

Mary felt unsure about how the baby would affect her social relationships, since none of her friends have children, but she didn't expect it to present a problem while the child was still an infant.

> I: What do you think it's going to be like... being the only couple that has a baby?
>
> M: I don't know. I don't know if it's going go be a problem or not. For the first while ...everybody likes babies, so you can take the baby everywhere. What it will be like when the baby is two, and running around, and into everything...I don't know what that will be like... I think everyone will adjust.

Experience of Pregnancy and Childbirth

The concerns which Mary expressed late in her pregnancy, and her uncertainty about what to expect of motherhood did not seem to interfere with her enjoyment of her pregnancy. People's interest and excitement in her pregnancy made her feel very special, and she felt happy and content most of the time. Although she found the adjustment to the change in her physical appearance to be difficult, and looked forward to regaining her figure, Mary enjoyed experiencing the physical changes, and remained healthy and active throughout pregnancy.

Mary found that, as pregnancy progressed, she became more involved in her immediate world and outside things became less important as the baby became top priority.

> M: I feel different. I'm slightly preoccupied with the change in me...with this baby inside me... (pause)...Everything seems to have...softer edges to it. I'm not as much affected by a lot of the things that go on around me. I'm a little more preoccupied with what's happening to me, and it makes other things, which perhaps would have

> really upset me...not seem quite so important.

Another change Mary experienced in herself was her increased willingness to accept her dependence on others, although she felt that this had been a gradual change over the past few years.

Mary did not elaborate on her labour and delivery, other than that they were relatively short and "not too bad". She considered herself lucky to have had a short labour and delivery, rather than having to wait at the hospital for hours with nothing happening. She was tired out by her stay in the hospital, and she attributed her fatigue to the busy schedule she was kept on, as well as the fact that her baby had roomed-in.

> M: I had rooming-in at the hospital, and I don't think I would recommend it...If you have rooming-in, you don't have any break. You don't get much rest in the hospital anyway, but rooming-in was even a little bit more difficult, because you've got the baby there all the time.

Experience of Early Motherhood

Mary found the adjustment to the changes and general disorganization following her baby's birth to be a difficult one. Looking back on her initial weeks of motherhood, she felt that nothing could have adequately prepared her for the shock of those first hectic weeks.

> M: I think the first few weeks, I thought, "What have I done?"...(laughs)...
>
> I: A bit of a shock?
>
> M: Yeah...(laughs)...Yeah, a bit of a shock, and... maybe not quite what you expect. I don't think that anybody can tell you what it's going to be like, or what to expect, or how busy you're going to be. It just...it isn't something that somebody can tell you, and that you will really

> comprehend. You have to experience it, and along with experiencing it comes the realization...of what all this means and what it's all about.

In addition to feeling fatigued and sluggish much of the time, Mary found that caring for a baby involved much more time and effort than she had expected.

> M: Life has completely changed.
>
> I: How would you describe those changes?
>
> M: ...(pause)...Well, I think it's just that he takes so much time...much more than I had thought. Everybody tells you you're going to be busy, but you have no idea, really, of the amount of time involved.

Not only did the baby take more time than she had expected, but Mary also discovered that it was a hassle to take the baby out with her, so that she tended to go out only when she had to, rather than for something to do. Breastfeeding tended to tie her down more and she found that she preferred to have people visit her, rather than having to go out with the baby.

> M: Going out is a little bit of a hassle. Not too bad, but it's just a little bit of a hassle. But I find that I don't go out every day now, just for something to do. I only go out when I have to.

Being confined to the house in this way, Mary found that she was often lonely, and missed the contacts with people she was accustomed to having.

> M: There are times when I'm lonely, because virtually everyone I know works...There are times when I'm quite lonely. I'm used to seeing a lot of people in a day, and all of a sudden I'm not seeing any people in a day.

Mary found that with the adjustment to motherhood it was necessary to rearrange her priorities in life. She learned to plan her social life more carefully, and only worried about getting the essentials done.

> M: Really, what it amounts to, is you just have to completely change your life...and you have to change your priorities as to what's important and what has to be done, and what doesn't have to be done. All of a sudden, some of the more minor things, you realize that you don't really have to do them... You just have to change your priorities about a lot of things.

At first, Mary felt badly about not being able to keep up with her social obligations, but in spite of the fact that life with an infant was more difficult than she had expected, she did not seem to resent the curtailment of her activities, or having to rearrange her priorities.

> M: I don't think I've resented it...(pause)... I find it a little strange, in a way, because I've never been a person who makes excuses for not doing something, which I find I do now... (pause)...I don't do as much, and I have to plan more carefully.

Mary found that a big part of adjusting to motherhood was getting to feel comfortable with her baby. He seemed like a stranger to her at first, and she was surprised that she didn't feel an instant attachment to him.

> M: I had the impression that perhaps you were supposed to feel...very captivated by your baby the moment he was born, and very loving towards him, which you don't...at least I didn't. All of a sudden somebody puts this strange little person in front of you and...it's not a matter of instant love. You have to get used to each other.

For Mary, part of getting to know her baby was learning to know what he wanted at different times. Initially, she felt very nervous about caring for him, but as she became more familiar with him, and learned to distinguish his different cries, she became more comfortable about meeting his needs.

> M: I don't break out into a sweat every time I have to pick him up any more...(laughs)... I don't panic anymore. The first week was pretty terrible...I was really nervous. Every time I had to do anything, I'd break out into a sweat.

It seems that a turning point for Mary in her adjustment to the changes in her life, was abandoning demand feeding and establishing a more or less routine schedule for the baby. She found the unpredictability of demand feeding to be difficult and, at the suggestion of the public health nurse, decided to stretch out the time between feedings. This allowed her to get more rest herself, and therefore regain her energy, as well as making it easier for her to plan her days.

> M: It varies a bit every day, but I know approximately when I have to feed him, and I also know approximately when I have to be back home, if we go out with him, so I don't end up with a screaming baby in the middle of the store...so it's worked out a lot better...because before, when you were on demand feeding, you're in the middle of making dinner, he wakes up and starts screaming, and...(laughs)...and then you've got an angry father, saying "I'm hungry"... (laughs)...so, I don't think I would recommend demanding feeding.

One of the things Mary found to be particularly helpful in adjusting to motherhood was the support and reinforcement she and her husband received from both their parents. She was particularly pleased that her own parents were dropping by more frequently, because they have always been very busy, and she didn't used to see them as often. Mary found it reassuring to know that she and her husband were not alone and could rely on their parents for assistance if they needed it.

> M: I think probably one of the biggest helps has been his parents and my parents...having some positive reinforcement from them. I think it's just knowing there are other people around who are more than willing to help you if you need it.

Mary also felt generally pleased with her husband's response to the baby. Although she felt it was too soon to assess how their own relationship had changed, she thought they had made the initial adjustment, and was pleased that her husband seemed to enjoy the baby.

> M: I think he really enjoys him. He has a lot of fun with him. I don't know how well he'd do if he had to look after him for 24 hours, but the amount of time that he's home, he spends a lot of time with him...playing with him, and stuff like that. I don't know where his patience would end, because I find that on the whole men are not as patient as women are. But I've been really pleased.

Mary did find that she wasn't able to spend as much time with her husband as she used to and would like to have more time with him, but she felt this was inevitable and would improve with time.

> M: At first, when you're trying to adjust, it seems like all you do is look after the baby, and you really have very little time for anything, or anybody, else.

In addition to finding her parents and in-laws supportive, Mary discovered that there was more social support for new mothers than she had expected.

> M: I've found that there's quite a bit of help around for you...a surprising amount...which is really nice...There's the Public Health Clinic, where they sort of say, anytime you want to know anything about anything, don't hesitate to call. There are a lot of very good books you can read. Probably something that would help a lot of people would be if there was some kind of agency which could direct mothers as to how to get information on various things. Maybe it exists and I

don't know about it. I don't know.

Because Mary had determined during her pregnancy to put off a decision about a job until the fall, she had not yet resolved her conflict about work by two months postpartum. She found, however, that she had a strong desire to stay home with her baby for at least three years. She attributed this to having realized during her time with him just how influenced he is by his environment.

> M: Before I had him, I didn't think I would feel that way. I had thought about it and I had thought about sending him to a babysitter or daycare, or whatever, and how you are letting somebody else have a very important part in his life...but once you have him and you actually see how quickly he changes, and the things that he does, and that sort of thing...then I have realized a lot more that I want us to be the ones who...sort of direct him and watch what he's doing, and trying to stimulate his learning, and that sort of thing. If you send him to a babysitter, you can check them out... but you never really know what's going on.

Although Mary thought she would have to get at least a part-time job, for financial reasons, she found that work no longer seemed as important to her.

> M: My priorities about work have changed, too. It's no longer so important. It has become, I think, more a matter of just making money, rather than doing something I like doing. I wouldn't be particularly happy if I did something I didn't enjoy doing, but...I'm not looking at a career, or a long-term thing. It's just a financial help, more than anything.

Perceptions of Motherhood

In spite of the difficulties and sacrifices related to early motherhood, Mary found mothering to be a very rewarding experience. She enjoyed all aspects of it, and described it as being "like a game", because her baby is cuddly and playful. She never felt bored by mothering as she had thought she might, and she attributed her enjoyment to the change in her priorities.

> M: It's a very rewarding experience...(pause)... I think that, sort of despite everything, I really feel that it's certainly been worth it ...because your priorities really change. When I was still pregnant, I thought... I was saying to myself that I sure hope this is worth it, because I'm giving up a lot. Mostly what I was giving up was a very good job...which I'll probably never be able to get back. So, I've given up a lot, financially...maybe for the rest of my life, I don't know...but now I feel more...content with things, and I sort of feel so long as we have enough to live comfortably on, there are a lot of things I'm willing to give up. So, I guess it's a matter of it takes the place of a lot of material things that you would have had before.

The most important thing to Mary as a mother was to make sure her baby was properly stimulated mentally. She read books so that she would know how to stimulate him and made a point of talking to him. This became easier for her as the baby grew more responsive, but feeling the responsibility of stimulating him caused her concern at times because it is not her nature to be talkative.

> M: Sometimes I'll realize that he's been sitting there for fifteen minutes or something, and I haven't been talking to him...(laughs)... and yet, I'm not like that. I don't talk all the time. I am a quiet person by nature, so I find it difficult to remember to always be trying to talk to him and making noises, or doing something with him...so it requires some effort on my part.

In summing up what mothering meant to her, Mary concluded that she found it important to try and keep things in perspective and not become overconcerned about whether or not she was doing a good job, because she felt it was easy to go overboard and feel she was doing a terrible job when actually she wasn't.

> M: I think a lot of it is trying to keep things in proper perspective...take good care of him and stimulate him and that sort of thing, but also realize that...to some extent he has to fit into our lives, too.

Summary

Mary's experience of the transition to motherhood was marked by an abrupt discontinuity between pregnancy and early motherhood. In general, she seemed to find her pregnancy an interesting and enjoyable experience. Her central concerns during this time were related to her anticipation of her husband's response to the baby and her conflict about returning to work. In contrast, Mary found early motherhood to be stressful and difficult.

It seems that Mary's major difficulty as a new mother was her adjustment to the demands of caring for a newborn infant. Her lack of experience with babies had left her unprepared for what to expect, and she was shocked to learn how time-consuming and difficult mothering could be. Adding to Mary's stress during this time were the isolation of being at home and the high expectations she had of herself as a mother.

Mary appeared to be initially overwhelmed by the demands of her baby and found it necessary to change her priorities and curtail her activities in order to meet his needs. She found this responsibility easier to cope with, however, once she had established a routine schedule. Furthermore, as she got to know her baby, she also began to feel more confident and developed somewhat more realistic expectations of herself as a mother. Of support to her during this time were her own parents, as well as the practical information she obtained from the Public Health Clinic.

In spite of the anxieties and stresses she experienced, Mary found her baby even more satisfying than she had expected, and felt that he compensated for the difficulties and sacrifices of motherhood. She enjoyed taking care of him and found the experience generally rewarding.

CASE STUDY #2 - KARLA S.

Central to Karla's experience of the transition to motherhood was a resolution of what motherhood would mean for her career. Having children had always been important to Karla. She felt that without children there would be something missing from her life, and she had married her husband with the expectation that they would have a family. She initially saw herself as a 'career mother' - raising her children while pursuing a full-time career, but this view of herself was thrown into question when she lost her first pregnancy at four and a half months. In the unsettled months that followed, Karla was forced to reevaluate her femininity, the meaning of her relationship, and her career expectations.

> K: I always thought that I would end up as a career mother...and with the first pregnancy, that really changed. That was the initial change, because...I was really fooling myself with the first pregnancy. I thought that I'd be back at work within three months...working full-time, and the whole thing. All of a sudden I realized...I don't know if that's really me.

Although Karla did not fully resolve her career plans at that time, she did not attempt another pregnancy until she felt confident that she and her husband could be happy without children, and were emotionally prepared to risk another loss. As her second pregnancy progressed, the prospect of having a baby to care for assumed greater importance, and Karla became more accepting of her own limitations. She continued to contemplate working part-time after her baby was born, but she felt she had come to terms with relegating her career to a position of less importance. She found that her priorities in life had shifted, and getting to the top was no longer as important as it had once been.

Furthermore, Karla felt it was necessary to find a compromise between motherhood and her career because she considered it unrealistic and unfair to expect herself to be fully committed to both at this time.

> K: This superwoman image is a bunch of bunk... (laughs)...You can't do it all without somebody suffering, so you have to try to strike a happy medium...which is still very hard for women to do. So, I don't intend to go back to a full-time career, because I just think that's unrealistic. Somebody's going to lose...probably me. Well, everybody probably, in the end. Probably yourself the most, and then everybody loses.

Karla was relieved by her reduced expectations of herself, because she felt she had always expected too much from herself. She saw her decision to quit her job early as a significant step in preparing herself for motherhood, because it was a realization that work was less important than motherhood at the present time, and gave her time to actively prepare for the baby.

Although she felt satisfied with her decision to put her career 'on the back burner', Karla found it difficult to let go of the working world completely and accepted a less demanding, part-time job soon after quitting her old job. Towards the end of her pregnancy, she was undecided about whether or not she would resume work after the birth of her baby. Karla was reluctant to completely sever her professional ties, but could foresee problems related to babysitters and breastfeeding.

> K: In the back of my mind, I'm thinking that maybe after six weeks I'll just not go back. They'll have to get somebody else in, and I'll hope that when the baby's six months old and off the breast, I'll be able to get something else. Maybe I'm compromising now. I can't quite let go, and that's why I took this job. Maybe once the baby comes, I will let go.

It seems that a major issue related to Karla's reluctance to completely divorce herself from her career was the change in role which was introduced by quitting her job and spending more time at home. She predicted that this change in lifestyle would require more of an adjustment for her and her husband than the baby itself. Karla was concerned that she would find it very easy to slip into the traditional roles of wife and mother, and did not want to become too focused on domestic life.

> K: I really don't want to fit that traditional role of mother and wife. You meet with women who are so preoccupied with it that they really don't have much else in their lives, and I don't want that...and yet, you can see how it tends to become your only focus.

Karla had never seen motherhood as an end goal in itself for her, and considered it important to maintain contact with the outside world - whether through her career or other activities unrelated to family life. She valued variety, and felt that her involvement in outside activities was important to her happiness, as well as to her relationship with her husband. She did not want to become dependent upon him for her only stimulation and contact with the outside world.

Karla's concern about being caught up in the traditional roles was related to her own mother's experience. Although she had a great deal of admiration for her mother and how she had raised her children, Karla saw her mother's devotion to motherhood as a sacrifice of both her career and her marriage, and she was wary of getting herself into a similar position.

> K: I think that what is really a motivating factor for me...is that my mother gave up her career and raised a large family and at the end of it all couldn't get back into her field. She's

> working in a related field, but she lost what she had, and so that's a very strong motivator for me...She played the traditional role of mother, so that's the role I see. That's my copy, really...but I also saw the repercussions of that in the end...so that's a very strong motivator.

Late in pregnancy Karla was still evaluating her feelings about her change in role. Although she had come to terms with what motherhood would mean for her career, she felt that her subsequent decisions about her work would be primarily determined by what her baby was like and how she reacted to mothering. She was confident that she knew herself well enough and had enough experience to recognize her needs and respond appropriately to the situation.

Expectations of Motherhood

Karla came from a large close family and looked forward to creating a lively open family atmosphere similar to the kind she had enjoyed as a child. Her own enjoyment of children contributed to her expectation that her baby would bring a special kind of happiness into her home.

> K: Whenever we are with children it's a very happy experience, and you do feel good...In some ways, that's what I expect...is that there will be a lot of happiness in the house ...a different kind of happiness than there is now. We have a nice relaxed relationship. We have fun together. We relax together... and some of that may go, but there will be something else in its place.

Karla saw herself as her baby's prime caretaker, but she expected her husband to be actively involved with family life. She looked to him for practical and emotional support, and felt that their individual strengths and weaknesses would complement each other. Although Karla realized that the baby would probably mean spending less time with her husband, she expected that the shared responsibility of the baby would draw them even closer together.

It was important to Karla that her husband develop a good relationship with the baby, and she hoped he would want to spend time at home with them. She was somewhat concerned that her own intense involvement with the baby might overshadow him.

> K: I think I'll probably be involved more hours, but I look to my husband as being as involved with the baby's care as I am...I hope that... when he's home, he will really participate in the baby's care, and I don't take that away from him...I look at that as being really important...that I don't take over the baby's care completely and shut my husband out of it.

Karla expected that it might take time initially to work out her husband's level of involvement with the baby. She felt it was important for her husband to take a week off work when the baby was born, so that he would be involved right from the beginning and they could learn together how to handle it.

Karla saw her major responsibility as a mother to be helping her child develop into a happy responsible adult. She felt that in order to do this, she would need to be consistent, loving and open with her child. She saw her own mother as having been close to ideal, and looked to her as a model. She felt, however, that her mother had not been as open as she might have been, and wanted to establish good communication with her own children, so that they would be able to come to her with their problems. It seemed to Karla that the open communication she shared with her husband would provide her children with a good model.

Karla found that her fantasies about early motherhood centered around a vision of a perfect baby - quiet, healthy, easy to care for, and presenting her with no problems. She found that she didn't like to contemplate the possibility of having a difficult baby, although she felt she could cope as long as she got enough rest.

> K: I keep thinking I'm going to have this nice little baby that's just going to sleep every four hours, wake up, feed, go back to sleep, never cry...(laughs)...I guess that's my fantasy...(laughs)...I'm going to have this really nice baby with no hassles in my life. Every time I think that maybe I'll have a colicky baby, or a baby with a problem of some kind... I know I'll get tired...and I know when I get tired, I get uptight, and the baby will get uptight. When I start to think about those things, I think, "Oh, no...", so I don't want to think about them. I'd much rather not think about them.

Karla was aware that her fantasies about the baby were idealistic. She had had considerable exposure to babies and young children through her job, friends, and family, and had realistic expectations and concerns about how their lives might change with the arrival of the baby. A recent visit from friends with a small baby had enhanced her appreciation of how dependent the baby would be, and how this might affect the freedom and flexibility she and her husband enjoyed. She didn't regret her pregnancy, because she felt that the baby would compensate in many ways for her loss of freedom, but she worried that she might not be flexible and patient enough to accept some of the inconveniences of the baby.

> K: I hope I'm going to be flexible enough, because I know that I'm not going to have things my way. I'm not going to have control, and I'm used to that...There will be nights where you might plan a dinner party, or something, and you know that the baby's got to be breastfed. Everything falls apart...(laughs)...because of the baby...and I hope I can accept that. I

think I can, but it is a concern.

Karla's extended family played an active part in her anticipation of motherhood. She had several brothers and sisters living nearby, with whom she maintained close contact, and she looked forward to sharing her family with her child. She regretted that her baby would not have any grandparents nearby, but felt that the surplus of aunts and uncles would compensate for that. She appreciated having the support of an extended family.

> K: There are problems, too, with having a family close by, but basically it's nice. I know that if anything ever goes wrong, there's enough people around to help out.

Experience of Pregnancy and Childbirth

Karla experienced anxiety about her baby's health throughout her pregnancy, but as the months passed without mishap, she became increasingly confident that she would carry this baby to term. Although she felt energetic and healthy, her pregnancy confirmed for her that she was not willing to cope with a full-time career in addition to motherhood. When she realized towards the end of her pregnancy that stress at work was interfering with her enjoyment of pregnancy and her preparations for motherhood, she quit her job earlier than planned.

> K: During my last month at work, I just decided that I wasn't enjoying the pregnancy...I realized I was more bothered by the stresses at work than the pregnancy, and I felt that wasn't right, so I quit...and I'm much happier now.

Karla saw her pregnancy as a major milestone in her life, and was both excited and scared by the challenge of the coming changes.

> K: I'm really happy right now...I'm feeling...well, that a change is going to happen, and that's

> neat...It's something to look forward to...It's scary, but it's exciting. I like change...I guess there are major milestones in your life, and as you come to each one of them, you're happy. This is a major milestone, and...as we near the end there's a feeling of excitement and pleasure.

She felt that the prospect of being responsible for a child had matured her, but considered most of the changes she experienced in herself during pregnancy, e.g. her increased tendency to be introspective, to be temporary, since she saw pregnancy itself as a transient state, and therefore not really her. She looked forward to the end of her pregnancy because of her increasing discomfort, but felt that her relaxed mental state in late pregnancy compensated for her physical discomforts.

> K: I'm enjoying my pregnancy, but boy, I wouldn't like being like this too much longer...(laughs) ...because I'm so uncomfortable. Like, you want it to be over. You're enjoying it, but on the other hand, it would be nice if it would ...You're fat. You can't do the things that you normally like to do. Bending over is hard. Everything is that much of an extra effort, so that makes it a bit of a pain...an uncomfortable time. But mentally it's a nice time. That's the difference. Physically, you're not feeling terrific, but mentally I'm feeling terrific. So, it compensates.

Karla's major concern about the delivery during late pregnancy was that she have a Caesarian section and be unable to put her baby to breast immediately after the delivery. In fact, she did have a Caesarian, but was very pleased with how it turned out. She awoke soon after surgery and her husband brought the baby to her to be nursed. Consequently, she reported having no negative feelings about having had a Caesarian section and was not disappointed not to have had a natural birth. She did feel, however, that it took her longer to establish breastfeeding than it might have because she was quite groggy.

Experience of Early Motherhood

In spite of Karla's realistic expectations of what early motherhood would be like, she felt unprepared for the intensity of her baby's demands on her attention and the extent to which her freedom was restricted. Although she enjoyed breastfeeding, she found the frequent feedings of the early months to be physically draining and time-consuming. The intensity of this period was highlighted by the fact that Karla fell ill for a week, during which time her baby demanded to be nursed almost constantly.

Karla found that with the birth of her baby the entire focus of her life changed. The time and energy that he demanded meant that she was unmotivated to pursue other interests. Karla had mixed feelings about this change in focus. She continued to believe it was unhealthy to have a narrow focus, but felt that it was inevitable during the early months.

> K: I'm trying not to center everything around the baby because I think that's bad, but I've noticed that does change.
>
> I: You mean he has become the center of everything?
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> K: Oh, yeah. Of course. All of a sudden your whole life is the baby. For about a month there I didn't have any energy. I couldn't read. I couldn't read the paper. I wasn't interested. And that's very unlike me...not to read the paper, or take interest in things in the outside world. I guess I just didn't have much energy left to do that. I still haven't read a book. Well, you don't have time...(laughs)...

With the baby as her major preoccupation during this time, Karla found that her relationships with other people changed somewhat. Social interactions became more stressful because she often felt tired or, if the baby was fussy, tense. Her conversations were often centered around babies and, although she now found herself interested in these topics, she was concerned about becoming too restricted in her outlook.

> K: You go out, and because you've got a little baby, people start to talk about feeds and that...and you're not bored...(laughs)...In the back of my mind, I'm saying, "I don't want to talk about this", and yet it's of interest to you now. This is why I think it can become dangerous. You can become so consumed with the baby that this becomes your topic of conversation with everybody...and it's enjoyable. I mean, it's an enjoyable type of conversation for you...but I think it's also narrowing.

Karla felt that her relationship with her husband had been similarly affected by her intense involvement with the baby. She found that whereas formerly he was often the one who was too tired or too busy to talk, now she frequently didn't have the time or energy to communicate. Although she felt they were getting along well, and enjoyed a new kind of closeness, she noticed this change in their communication patterns, and regretted the loss of their special times alone together.

> K: We feel closer in a lot of ways because of the baby, but I just find that sometimes I'm so wrapped up with the baby that maybe I don't have time to talk to my husband at that point. It's funny, because it wasn't like that before. It was...I'd want to talk to him and he'd be too tired, or too busy, or whatever, and now I'm wrapped up with this little baby. I mean, we're getting along...but I do notice that your communication changes.

Karla found that in addition to physically coping with the demands of her baby, it was important to gauge her feelings so that she didn't come to resent her baby for the frustrations she sometimes felt. Although she felt generally positive about her first months of being a mother, she found that her feelings fluctuated widely, and she sometimes felt negative about motherhood. This was usually when she was particularly tired, or the baby was very fussy. She found it important at these times to arrange to get extra rest, or help from her husband, so that she didn't allow her negative feelings to interfere with her experience of the baby.

> K: There are times when you do feel negative towards this little person, and then you have to think, "Well, how am I going to change that?", because you know it's you...(laughs)...It's certainly not his fault. And when you get tired, then I say, "I have to go to bed, because I'm tired and I'm feeling negative". You have to take care of yourself, because someone's got to take care of him.

In dealing with her occasional feelings of frustration and resentment, Karla found it helpful to talk with people who could relate to her experiences, e.g. her doctor or other mothers, and reassure her that her feelings were normal and acceptable.

Contributing to Karla's feelings of frustration and resentment in the early weeks of motherhood was her husband's lack of involvement with the baby. Contrary to Karla's expectations, her husband was unable to spend much time at home because of demands at work. His freedom to travel and have fun while she was confined at home with a sometimes fussy baby, created some tension between Karla and her husband. By two months postpartum, however, Karla felt that they were effectively working out their expectations of each other. She found that her husband was getting used to the baby and spending more time at home. She was satisfied with his level of involvement with the baby, and felt that things were settling down.

> K: That first week, I thought my husband would be around more to help out, and he wasn't...so I really resented that. Then I found out I was coping all right...(laughs)...The baby was sleeping through the night and my husband was helping out a bit. Now when he's home, he's good. I try to be careful, because I remember what it's like to come home from work, and you're so tired that the last thing you want to do is have to pitch in and do stuff...so, I think we've found a happy medium. He enjoys taking the baby and I enjoy getting rid of him...(laughs)...

For Karla, an important part of coping with the demands of motherhood was getting out on her own more often. When the baby was about two months old, she returned to work two half-days a week. Somewhat to her surprise, she thoroughly enjoyed her break from the house and the baby. She found that the people contact and mental stimulation provided her with that diversity she needed. Although she enjoyed being home with the baby, the pleasure she derived from working a few hours a week convinced her that she should work part-time.

> K: I started to work this week. Just four hours two days a week, but it's terrific. I'm glad I'm doing it. I'm just doing it for the summer, but it's making me realize that yes, I really do want to work part-time...It's a break and I like the work. I like doing something other than staying at home and taking care of the house. I don't mind taking care of the house and the baby and planning the meals, and all that, but it's really nice to get away from that and do something just for yourself...that you yourself are doing. And using my mind a bit. I don't think I use it much around here...(laughs)...It's nice. I've really enjoyed it...so, I think I'll go back.

In spite of her obvious enjoyment of work and her conviction that she should work, Karla remained unsure as to what the proper balance would be. She felt that full-time work would be too tiring and stressful, and was reluctant to commit herself to a job for the fear she wouldn't be able to cope with both career and motherhood.

> K: The one thing that holds me back from committing myself to a full-time job, or even to a part-time job, is the feeling that I might have to pull out of it if it doesn't work out ...and I don't want that sense of...it shouldn't be, but it's almost a sense of failure. Well, and I don't like to commit myself to something and then not see it through.

Perceptions of Motherhood

Karla's overall impression of motherhood was that it was a very demanding full-time job. Her experience of the early months as intense and demanding was balanced by her perception of this as a transient time. She expected that as her baby grew older, and required less frequent feeding, she would have more time for herself.

> K: I keep thinking this is just...this period in time. That's all it is, is a period in time. He's not going to be this little baby forever. No other time in your lifetime is going to be like those first three months of having that baby. Then I think you probably settle into a routine. The baby's changing, but it's more settled.

Karla was very open in her expression of some of her ambivalent feelings about motherhood. Although she occasionally felt guilty for feeling negative, and felt she had no right to complain, she generally viewed such feelings as a natural component of any experience. She also felt that whatever frustrations and resentment she did feel as a mother were well-compensated for by the baby himself.

> K: The baby is so positively reinforcing, because he smiles and he changes every day. You feel good for taking care of him, so that probably compensates for any frustration I'd feel by not doing other things. All of a sudden they lose their importance.

The physical and emotional relationship she enjoyed with her baby was very rewarding to Karla. As she had expected, she felt more complete as a mother. She found that she no longer questioned the purpose of what she was doing, because she intuitively felt that taking care of her baby was what it was all about. Furthermore, she felt that the baby had rounded off her marriage, thereby compensating for the lack of time she was able to spend with her husband.

Karla saw her job as a mother to be fifty per cent taking care of her baby's physical needs and fifty per cent stimulating his development. Although she found both aspects of his care satisfying, she considered meeting his intellectual and emotional needs to be particularly rewarding.

> K: Meeting his physical needs is satisfying. Breastfeeding is satisfying...if you have a good feed and know you've fed him. But it's not as satisfying as interacting with him on a social personal level...loving him, helping him to develop. That's really satisfying.

Karla had felt confident about caring for her baby right from the beginning and felt she was doing a good job of meeting her baby's physical and psychological needs. Although she sometimes worried that she wasn't doing the right thing and felt that she often worried too much, her baby's contented nature usually reassured her that she was doing all right.

In spite of the demands and restrictions of motherhood, Karla felt less stressed as a mother than she had while working full-time. Furthermore, she felt that, for the first time in her life, she was doing a truly good job of something.

> K: It's the first time in my life I feel that I'm really doing something really really well...that I'm not botching this up. I think there's so much stress at work that...you always feel there's more you could be doing...Being a mother, I feel that I've got the time, and I'm stimulating him, I'm loving him, he's a good baby, and I feel I'm doing an O.K. job as a mother.

A component of motherhood Karla felt less enthusiastic about was her housework. She found that with the frequent interruptions of the baby, she often didn't have time to get done what she would like to, and often felt frustrated at the end of the day if she had not accomplished what she wanted to get done.

Summary

Karla's transition to motherhood involved a process of integrating her career and mother identities to attain a satisfactory balance. Both these identities were important to her and she was concerned about becoming totally immersed in the mother role to the sacrifice of her other interests. In resolving this conflict she found it necessary to lower her expectations of herself in relation to her career, without letting it go completely.

Karla also experienced anxiety about her baby's well-being throughout her pregnancy, but in spite of these concerns she enjoyed her pregnancy as a special time in her life.

Although Karla had realistic expectations of what motherhood would be like, she felt unprepared for the intensity of her baby's needs and found these early weeks to be demanding and difficult. She often felt fatigued and found it difficult to accomplish what she expected of herself from day to day. Because of the value she placed on diversity and outside interests, she felt some frustration at the restrictions motherhood had imposed on her.

Of further concern to Karla during early motherhood was the integration of the baby into her relationship with her husband. She found it took time to establish a satisfactory routine of sharing childcare responsibilities with her husband and also felt frustrated that the baby had reduced the time they were able to spend together. This was compensated for, however, by her feeling that the baby had added a new and satisfying dimension to their relationship.

Karla seemed to cope well with the demands of early motherhood by taking care of her own needs and getting emotional and practical support from others. She made a point of getting rested when she felt tired and negative, and found the support she got from her husband, family, friends, and doctor helpful in maintaining a positive outlook. Furthermore, she found it helpful to return to part-time work and get a break from the house and the baby.

Although Karla found early motherhood very demanding, she derived great satisfaction from caring for and relating to her baby. She felt more complete as a mother and also felt it had rounded off her marriage. In general, she found motherhood rewarding and fulfilling and felt pleased with herself for doing a good job.

CASE STUDY #3 - BRENDA V.

It seems that for Brenda, becoming a mother represented the fulfilment of a life goal. Although she had worked as a nurse for several years, she was not interested in pursuing her career further. She had always imagined herself as a full-time mother, as her own mother had been, and saw having a child as a central part of her life.

> B: I didn't really have a career in mind...that I really wanted to pursue. Just from the very beginning, I wanted to be a mother. My mother was always at home with us, and that was her role in life...was to be a mother first...and that's what I wanted...That's just what I wanted. I felt that it's something I just had to have in my life...have a child.

Brenda's commitment to motherhood may have been related to the value she placed on the family in society. She came from a close family herself, where people stuck together through their ups and downs, and she felt this was important. She saw having a family of her own as an opportunity to contribute what she had to offer to somebody else over an extended period of time.

> B: For me, motherhood is a purpose in life besides just myself...having somebody else...For me, the most important thing in my life is to have a family...more than a career. Hopefully to have more than one child and keep the family together. That is really important to me... (pause)...
>
> I: Can you say how it's important to you?
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> B: Well, I think the family's really important in society and the way it's degenerating these days.

Brenda and her husband delayed having children so they could travel and do other things. By the age of 30, however, Brenda was tired of waiting and felt that it was time to start their family. Although it seemed to her that her husband could have waited still longer before having a child, she felt that they were both ready for the change in lifestyle by this time.

> I: What was it that decided you to have children at this time?
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> B: I thought I was ready, and I thought 30 would be a good age. I was tired of waiting. There wasn't much else I wanted to do in the career... plus, we wanted to have more than one child, so having the first one at 30, we'd have time to have others...(pause)...It seemed like a good age...about 30. I felt my husband was probably ready at that time...I was mostly waiting on account of him.
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> I: To get ready in what way?
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> B: ...(pause)...Just the change of lifestyle...the settling down, the responsibility...because we've had so much freedom...(laughs)...in doing what we feel like doing.

Somewhat paradoxically, after the decision had been made, Brenda found that she was unable to conceive. The months of waiting, anticipation, and disappointment which followed were very difficult for her. She was reluctant to become overly involved in another job, because she constantly hoped to become pregnant. On the other hand, she began to wonder what she would do with her life if she was unable to have the family she had always wanted and expected to have. Furthermore, she began to question the purpose of a marriage without children.

> B: It always seemed to me like there was something missing...not having children. I couldn't imagine...I didn't want to imagine going on without having children. That was becoming something that I was thinking about a lot. Sometimes you think why get married if you're not going to have children?

The stress on Brenda's relationship with her husband at this time was increased by the strain of undergoing numerous tests to determine the cause of their difficulty in conceiving.

Brenda found it particularly difficult during these months to recognize that for many women who had children, motherhood was unimportant and unwanted. It distressed her to see women treat so lightly something that was so important to her, and yet apparently unattainable. Then, after months of testing, a diagnosis was made, a treatment prescribed, and Brenda became pregnant.

Experience of Pregnancy and Childbirth

Brenda's experience of pregnancy was marked by her relief at being pregnant at last. After waiting so long to have a baby, she found her pregnancy to be 'exciting' and 'fantastic'. The strain on her relationship with her husband was eased and she finally felt free to take interest in other things.

> I: Have you experienced any changes in yourself since you got pregnant?
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> B: ...(pause)...Well, just the relief of getting pregnant...(laughs)...That's the most of it... I feel better about getting on with other things, and more interested in other things, because I was really concentrating so much on that... (laughs)...

Brenda had a healthy pregnancy and found it to be basically fun, except for a few weeks when she was sick in bed. Her enjoyment of her pregnancy was enhanced by the support she received from friends and family, who were happy and excited that she and her husband were finally getting what they wanted. Fatigue and weight control were her biggest difficulties during pregnancy.

Late in pregnancy, Brenda was living in anticipation of having her baby and having something special to share with her husband. She enjoyed not working and was involved in preparations for the baby.

> B: Right now I think I'm really looking forward to the future...(pause)...I've got a lot of anticipation about what it's going to be like ...(pause)...I guess a lot of it is sharing the child between the two of us. That's important to me...and just to see how it grows and develops.
>
> ...I: How would you describe your world right now?
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> B: I don't know...Just getting all the things together, talking to other people who are having children, or have just had children...and not working...(laughs)...

Although Brenda felt increasingly apprehensive about the delivery as the end of her pregnancy drew nearer, she took comfort in her husband's desire to be with her in the delivery room. She felt that the prenatal classes had prepared her and her husband for what to expect. As it turned out, her delivery went very well. She found that, because she had expected the worst, her delivery wasn't as difficult as she had thought it might be.

> B: I left it quite a long time before I went into the hospital. It turned out all right. We didn't even go into the labour room...just straight into the delivery room...(laughs)... I kept thinking it was going to get worse... (laughs)...It was good that it wasn't too bad. It's never really easy, but it wasn't too bad. We'd gone to the classes, so we really knew what to expect.

Expectations of Motherhood

Although Brenda had considerable experience with young children, she had had little exposure to babies, and she found that talking to other women about their experiences of pregnancy and motherhood was helpful in preparing her for what to expect. She did feel, however, that because she had been thinking about motherhood for so long, she was aware of how it might affect her life.

> I: What have you found most helpful during your pregnancy, and making the transition?
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> B: I've got a good friend who's pregnant at the same time, and she's due a few weeks after me. A couple of friends are due at the same time. That's a big help...and talking to other people who have become mothers recently.
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> I: How have you found that helpful?
>
> B: They give you a better understanding of what to expect. I think I've got a pretty good idea of what to expect...(laughs)...because I've been thinking about it for so long.

Brenda saw the loss of freedom to be the biggest change the baby would bring, since she and her husband were accustomed to having late parties and going on extended holidays. She felt that she was ready for these changes, and had already adjusted to making certain sacrifices during her pregnancy, but she was less sure about how prepared her husband was for the change in lifestyle.

> B: I'm not sure what his reaction will be...if he's going to be willing to spend as much time at home as it really requires...if he's ready for that or not...Like, he could have still waited to have a baby...(pause)...but I hope he's ready...(laughs)...

Brenda seemed to see her role in caring for the baby as quite different from her husband's. She felt that her husband might have difficulty relating to a small baby and expected that, at least initially, she would have a closer relationship with her child. Although she hoped that her husband would be involved with the baby's care to some extent, she seemed to feel that it would be difficult to justify asking him to share the responsibility for meeting the baby's physical needs, because he had his own work to do during the day. Consequently, she predicted that her husband would play with the baby while she did most of the work.

> B: In a way, I'm thinking that I'm going to be the one doing the work with the baby, and my husband's going to be the one who gets to play with the baby.
>
> I: How do you feel about that?
>
> B: Well, since I'm not working outside the house, it's going to be hard to get him really involved in doing the diaper-changing and that sort of thing, because he's got a real job...but I'd like him to see the other side of it, too.

Although she did feel slightly apprehensive about how her husband would respond to the restriction of their freedom, Brenda felt confident that he would be a good father, and looked forward to the fun of sharing the baby with him. She considered the number of years they had spent together to be an advantage in making the adjustment, and seemed curious, rather than concerned,about how they would respond to being parents.

Brenda also expected motherhood to bring changes in her relationships with her friends and family. She found that her pregnancy had already brought her closer to her family, and expected the baby to provide a common interest for her and her parents. She also found that she and her husband were associating more with people who had families and expected to see less of their single friends following the birth of the baby. Brenda seemed to feel comfortable with this shift, and looked forward to continued support from her family and friends.

Brenda expected motherhood to be a difficult job, demanding time, energy, and sacrifice. Although she was looking forward to enjoying the physical and emotional experience of meeting her baby's needs, she anticipated that there would be times when she would feel frustrated and fed-up with the baby's demands and dependence on her. Her view of motherhood as a challenging, longterm commitment, however, seemed to help her see these potential difficulties as an integral part of the whole experience.

> I: Do you have any idea about what mothering will be like for you?
>
> B: ...I don't know, really. You just have to take it in the way it comes at the time. I know a lot of it will be just mundane sort of chores. You may feel like you're not doing too much. That might be a problem, because it might just seem like you're feeding them and changing them and listening to them cry a lot...(laughs) ...It's all part of it, I guess. You can't have only the good times...Like, I'm sure sometimes you just feel like giving it up for a day or two...(laughs)...but I think once you've got a child, you've got it.

Brenda planned to deal with the challenge of motherhood by making it her number one priority, at least during the early years. She felt that if mothering was the most important thing in her life, she would be better able to cope with the difficult task of raising her children to be happy, responsible adults.

> B: It might not be easy...to have that many demands put on you, and to be patient with things, and to stay in control. I think that will be difficult...but I think if I establish my family as my priority, without having a career, or if I put that number one in my life, I should be able to do it.

Brenda saw her main task as a mother to be meeting her children's needs as best she could, as well as providing them with opportunities to develop their individuality. She considered herself to be the person most qualified for mothering her children, and it was very important to her that she be there when they needed her.

> B: I'm sure that other people could feed the child and change its diapers just as well as we can, but it's important to me that you do it yourself. Nobody else can do it with the same kind of caring.

Consequently, although she felt that both she and her children would benefit from exposure to outside contacts and activities, Brenda expected to be very involved with mothering over the next few years, and looked forward to the challenge.

Brenda saw her commitment to motherhood as a full-time career as a potential source of conflict for her. Although she felt that motherhood would require considerable time and energy, and saw it as her main focus for the present time, she already experienced some pressure to be more than 'just a mother'. She was concerned that her husband would want her to work so that she wouldn't become too centered on the baby. Furthermore, she felt that with society's growing acceptance of working mothers, women are now expected to pursue a career in addition to being mothers. Although Brenda didn't expect to feel pressured to return to work immediately, and was content to wait and see how she felt when her child was older, she saw this as a potential source of conflict, and resented the implication that she should want to do more.

> B: I think my husband has a fear that if I stay home I'll probably just end up wanting to talk about babies all the time. He's got that kind of attitude, I think, because his mother worked ...I think I could probably be fulfilled by being a mother for a long time. I think society's attitude now is that it isn't enough. I'll have to wait and see about that. I think it's probably what you make it to be. But I'm going to have to wait and see about that...I think probably for the first couple of years

> it will be all right. I can justify my existence...(laughs)...but when the child is 3 or 4, it may be different. Then maybe I'll want to do something else, too.

Brenda anticipated that taking care of a child would require many sacrifices on her part and felt that she would have to become less self-centered. Although she wondered if she would be as patient as she would like to be in mothering her children, she felt that she was willing to give up a lot for them, and expected the reward of having a child to compensate for any sacrifices she would have to make.

> I: Are you expecting to change in any way after your baby is born?
>
> B: Well, I'll probably be less self-centered.
>
> I: Do you see yourself as self-centered now?
>
> B: Well, in a way. I don't have anyone to worry about except myself...I think there's quite a bit of sacrifice, really. But a lot of rewards ...(laughs)...
>
> I: What kinds of rewards are you expecting?
>
> B: Well, just the reward of having a child.

Experience of Early Motherhood

In many respects, Brenda's experience of early motherhood was like she expected it to be. Although there were sacrifices to be made and frustrations encountered, the pleasures of having a child and becoming a mother seemed to compensate for any restrictions imposed by motherhood. In fact, Brenda found that caring for her baby was even easier and more satisfying than she had expected it to be.

> I: What have the past two months been like for you...since the baby was born?
>
> B: ...(laughs)...They've been really good. He's

been a good baby...but yeah, it's been great. I expected it to be good, but it's been almost even better than I expected...(laughs)...

I: What has it been like? How would you describe it?

B: Well, just a really good feeling to have him, and everything's O.K. with him, and...just every time we go and get him it really feels good.

...I: What's it been like getting used to taking care of a baby?

B: It hasn't been very hard, really. Not as hard as I thought it might have been.

As she had expected, Brenda did experience some difficulties and frustrations with motherhood, but she didn't see them as major problems. The first few weeks were rather hectic as she adjusted to the baby's needs and demands, and she found that caring for a baby put certain restrictions on her freedom. Because she liked to spend time with him while he was awake, it was sometimes difficult for her to get other things done. Breastfeeding was particularly demanding and restricting at times, because the baby nursed so long and so often.

B: Breastfeeding has been great...(pause)... but sometimes it gets to be a bit too much if he wants it too often...like, at night, or in the evenings...Sometimes that's the only thing that will calm him down...and he can feed for ages...I don't really mind it, but sometimes you have other things to do, and it does take a long time sometimes.

Brenda found that she was confined to the house more since having the baby. She and her husband went out together less frequently and although she felt that this change was more difficult for him than it was for her, she sometimes found it hard when he went out alone and left her at home with the baby. During the day, she tended to avoid going on major expeditions because it was more difficult to get around with the baby, and she contented herself with visiting within the neighbourhood. Although she hadn't found this particularly frustrating, she felt that it might be more difficult if she was unable to get out at all.

> B: I might be going nuts if the weather was rainy or cold all the time. I can't imagine not being able to get out a lot. I guess you still can in the winter, but not as easily. It's sort of a major expedition to go out in the car with him.
>
> ...I: Do you find you are going out much, or...?
>
> B: ...(pause)...Quite a bit, I guess. Just out and around the neighbourhood, but if I have shopping to do I'd just as soon pass on it...(laughs)... I'll do it tomorrow...do it tomorrow. Keep putting it off...even just the little things. I'd just as soon not make the effort.
>
> I: How do you find that? Do you find it frustrating...for it to be that much more difficult to do things?
>
> B: It's a little bit frustrating, but it's not too bad...I mean, if I really have to go somewhere I can go, but just little things I can put off.

Brenda found that many of the minor difficulties she was experiencing in early motherhood were lessening as the baby's routine became more established. She was learning how to organize things so that he would sleep longer at night. As his feeding schedule stretched out, she was better able to get other things done and they were also able to leave him with a sitter more often.

Brenda felt that the major reason she was finding motherhood easier than she expected was the baby himself. Aside from the frustrating times when she was unable to comfort the baby, he was usually easy to satisfy, and she enjoyed mothering him. She had felt confident about taking care of him since he was born because he was strong and healthy, and she had had a good chance to get used to him while rooming-in at the hospital. Brenda found it difficult having her sleep interrupted every night, but was not overly tired because he woke up only once during the night. She was particularly grateful not to have had a colicky baby, although she felt that her maternal feelings would have helped her love even a difficult baby.

> I: You mentioned that motherhood has actually been easier than you thought it might be. How has it been easier?
>
> B: Well, I guess you never know what kind of a baby you're going to get, so in that way, it's been good. Some babies just cry all the time, so in that way it's been easier...(laughs)... I guess you prepare yourself for the worst... And then, just from the moment he's born, or in the first while, you just have such a feeling of love for them. It doesn't matter what they look like or anything...you just have that feeling. And you just want to hold them. They're so warm and cuddly.

Brenda also felt that the fact that her baby was a boy, and a very attractive baby, had made a difference to how she and her husband had responded to him.

Also helpful to Brenda during the first weeks of motherhood was her husband's response to the baby. Although she felt that the baby was more responsive to her because of their close physical relationship, Brenda seemed pleased that her husband was interested in relating to the baby and was willing to help her out with his care. She seemed to enjoy seeing him in the parent role, and felt that the baby had drawn them closer together. Furthermore, she appreciated his help with the baby and felt that her job would be much more difficult without her husband there to share the responsibility.

> I: What have you found most helpful to you in the past couple of months?
>
> B: I guess my husband. He's been really helpful, and just interested in reading books about having babies and that. I can't imagine doing it without a husband, really...although I guess some people can. I think it would be really tough...I mean, sometimes it's just nice when he comes home to say, "Here - take him for awhile"...because you do need a break.

It seems that Brenda's experience of motherhood was enhanced by other people's responses to her and her baby. Friends and family were very happy for them, and she had frequent visitors. Because she was able to relate more easily to people with children now that she had a baby herself, she felt that motherhood had added a new dimension to her life. Although she and her husband were seeing less of their single friends, Brenda didn't see that as a problem.

Perceptions of Motherhood

At two months postpartum, Brenda felt satisfied that motherhood was the right thing for her and that she finally had what she wanted.

> I: Do you feel like you've changed at all since your baby was born?
>
> B: Well, I just feel more satisfied, and that I got what I wanted...(laughs)...I've changed in that before I was just wanting it so badly.

Brenda felt that her experience of motherhood was made easier by the fact that she had wanted so much to have a child and had felt ready for the responsibility and change in lifestyle. She enjoyed her baby's dependence on her and did not find it difficult to make the necessary sacrifices. Brenda continued to see motherhood as a long-term commitment, which would be as demanding as she chose to make it, and she enjoyed anticipating what her baby would be like in future years.

> I: What would you say being a mother is all about for you at this point?
>
> B: ...(pause)...Well, I guess you feel like he's totally dependent on me, or us...(pause)...
>
> I: And what's that like for you?
>
> B: Well, it's good for me. I've wanted it for a long time. I was ready for it. I can't imagine what it would be like if you didn't want it. It would be awful, because they sort of come first. If they're crying, you can't just leave them cry...(pause)...So, for me it's really good...You sort of realize that you're in there for a long time. It's not just a temporary thing.

Brenda continued to feel that it was important for her to be home with her baby so that she could ensure that he got what he needed - love, stimulation, and a happy atmosphere to grow in. She enjoyed stimulating him and watching the changes he went through, and didn't mind staying at home in order to do these things.

> B: I don't know what it will be like, but I think it will be O.K...to be home. I don't really mind it. Sometimes, on rainy days like this, I don't like it too much, but you can always go visiting or something. My husband seems to think it's O.K. He might like me to work, too, but then we'd have to get daycare, or a babysitter, or something, and it seems like a hassle. I mean, sometimes I think people just go to work to sort of get out of taking care of their babies...(laughs)...

At two months postpartum, Brenda felt there was nothing else she wanted to be doing and planned to stay home indefinitely.

Summary

Brenda appeared to encounter relatively few difficulties in making her transition to motherhood and, in many respects, the satisfactions she derived from becoming a mother exceeded her expectations. It seems that her view of the mother role as a major purpose in her life, combined with the possibility she had faced of not having a child, increased her readiness to make the necessary sacrifices. She was sure of what she wanted and felt prepared for what to expect.

Those difficulties Brenda did experience, she perceived as relatively minor. To some extent she found that the baby restricted her lifestyle, and she occasionally felt frustrated by the demands he imposed upon her. In addition, she felt some pressure to do more than be 'just a mother', and resented the need to justify her decision to stay home full-time. For the most part however, Brenda found motherhood easier than she had expected.

Brenda coped with the demands of her baby by gradually learning how to organize her time around her baby's activities. Helpful to her in adjusting to her new responsibilities was the support she received from her husband. He responded more readily to the father role than she had anticipated, and Brenda appreciated his involvement with the baby.

It is apparent that the satisfactions Brenda derived from becoming a mother overshadowed any difficulties she experienced. She found her baby very rewarding and felt particularly relieved to finally have what she had wanted for so long.

CASE STUDY #4 - PAM E.

Pam's desire to have a family seemed to be related to the values she held and the kind of lifestyle she wanted to lead. It was important to her to have a purpose in life which extended beyond her own self-interest, and she saw raising a family as a way of contributing to the larger society.

> P: You have to be concerned with what you put back. People can probably say that bringing a child into this world is definitely not giving anything back to it...which is true, I suppose. But at the same time, maybe the child that we bring into this world will be more concerned with what he can give to this world, than take. The people who are saying that are half the time the people who are doing all the taking.

Pam's observation that many people are interested only in the acquisition of material wealth and are unconcerned about some of the more basic values, such as developing close relationships, seemed to be a major motivating force in her desire to have a family. She felt that it would have been easy for her and her husband to fall into the same meaningless rut of pursuing material goals, and it was important to Pam that she have a baby before she got too comfortable and set in her ways.

> P: I felt it important to have a child by the time I was 30, if I was going to...I think that in a couple of more years I would have been set in my own little routine of work and having material things...that it's too easy to forego having children. You become too set in your ways.

As it was, Pam was concerned that she and her husband were getting caught up in the race to make more and more money. Her husband was working very hard, holding two jobs, and Pam worried that he was taking his responsibilities too seriously and had lost sight of more familyoriented goals. It seemed to Pam that her husband's ambitions might interfere with their original plans to move to the country and live a simpler life. She hoped that the baby would help to refocus him on former values and a more basic lifestyle.

> P: I definitely want to get out of the city. I just hope my husband doesn't get so wound up in this money-grubbing thing...that we can go. All of a sudden it's as if he never realized how much money he could have and so now he wants it. Hopefully after the baby comes, he'll want to go back to what we wanted before.

Pam married her husband with the expectation that he would be a good father to her children. She had been previously married to a man she described as 'spoiled' and 'self-centered', who had not wanted children. In spite of her present concerns about her husband's material goals, she had always felt that her second husband would be a good father, and she looked forward to sharing a family with him.

> P: I suppose everyone sort of has images of how we'll likely be as a family, and I have that to a certain extent. But a lot of that stems just from my relationship with my husband. His way of dealing with things...with fun things, or important things...it just makes everything enjoyable, I guess, and that's how I anticipate us as a family...that he will be that guiding force who makes the bad times not so bad and the good times a whole lot better.

This sense of closeness that Pam anticipated in her family was important to her. Her own family had never been close and she wanted her children to experience many of the things she felt she had missed. She hoped that she and her husband would have close relationships with their children, characterized by open communication and physical affection.

> P: I think both my husband and I feel very strongly on having a close family unit...His probably extends more because his family was quite close and mine because it wasn't. I would like to... (pause)...to do more things with my kids than my parents did with me...more fun things... Even at this point, it's very difficult for me to be very close to my family because they weren't that way when I was young...and I'd like to feel that...my kids feel very close to us.

Pam placed particular value on the acceptance of others and being there when she was needed. These were values she held for relationships in general, but she felt that it was difficult to maintain that quality of relationship with most people and saw the family as a place for cultivating the kind of relationship she felt it was important to have.

The importance Pam placed on a rural lifestyle seemed to be related to the kind of relationships and family life she wanted to have. She had spent her own childhood in a rural setting and felt that cities were not conducive to raising children and developing close solid relationships. She felt that raising a family would be difficult enough in today's society without subjecting them to the tremendous pressures they would encounter in the city.

Expectations of Motherhood

Although Pam was aware that the baby would restrict their freedom and was somewhat concerned about how she would respond to the responsibility of caring for a child, she didn't anticipate that her life or her relationships with others would change a great deal after the baby was born. Many of their friends were starting their families as well, so she didn't expect her social relationships to change. Furthermore, she and her husband already led a fairly quiet lifestyle, and she hoped that they would be able to adapt their activities to include the baby, rather than leaving it with babysitters frequently.

> P: There are times when I think of all the things that we just up and do that it won't be so easy to do anymore. You have to constantly think about who's going to look after the baby or can we take the baby with us.
>
> I: How do you feel about that?
>
> P: I'm hoping that we will sort of adjust what we do to something that we can include the baby in. We've never really been into the dancing and all the hip things that are going on. We very seldom even go to a show, so that I would hope that the things we would do, or keep doing, would be things that, at least as the baby got a little older, we could take with us without a lot of worry and hassle ...I don't want to constantly be dumping the kid on someone.

Pam realized that the baby would take precedence after it was born, but it was important to her that she keep some other aspects of her life going so that her whole world didn't revolve around the baby. She didn't see motherhood as a full-time job and felt that she might become bored and/or boring if she had only a house and baby to look after. She saw her continued involvement with her work to be critical to her own happiness and to her relationship with her husband. Consequently, she planned to resume work soon after the baby's birth.

> P: To me, motherhood is not...at least not today...a completely dominating role. There's so many things that are done for you, or can be done for you, or are automated. In my mother's day it was a full-time job. Today I don't think it is. I think that I could become bored, or a very boring person, if I were just to look after this child. I don't want my husband to have to come home everyday and listen to my silly little stories about the baby and the housecleaning and whatever else. There has to be more to fulfill my life if I'm going to be happy and any use to him.

Pam's work was important to her for financial reasons as well. She found it difficult to depend on her husband, and felt very strongly that she needed to maintain her financial independence. Pam was self-employed and she had allowed her work to drop off during her last months of pregnancy. She described this financial adjustment as the most difficult part of her transition to motherhood.

> P: I'm used to always being able to go to the bank and take out as much money as I wanted...I think for me that's the hardest part - realizing that I may have to be dependent on my husband. I will fight that. Unless the baby is just so much work that I can't keep up with both the baby and my work, I will continue to work. I have to.

Pam expected that the early weeks of motherhood would be hectic and difficult as she struggled to integrate her mothering and career responsibilities. She felt strongly that taking care of the baby was a responsibility which belonged solely to her and her husband, and she did not want to leave her child in someone else's care either in the early weeks of adjustment or when the baby was older. As noted earlier, it was very important to Pam that she and her husband develop close relationships with their child, and she felt that this process would be interfered with if they allowed someone else to care for the baby for a large percentage of the time.

> P: I have no intention of sending my child to day-care. I don't care if they do learn a little faster...(laughs)...I guess maybe the priority is there for me. We have taken on being parents - we'd darn well better do a good job. The raising of this child properly is more important than my ability to work full-time.

Because she saw her family as more important than her work and was prepared to let up on her work if necessary, Pam didn't see the demands of her career and motherhood responsibilities as conflicting. Although she expressed some doubt about just how she would manage, and expected that the success with which she was able to integrate these two aspects of her life would depend largely on her baby's temperament, Pam felt that she and her husband were in an ideal situation to make things work for them. Because they both worked out of their home and had flexible schedules, she expected she would be able to rely on her husband to help out with the baby's care when she needed to go out.

> P: I hope that I will be able to just continue doing the work that I do and work it in around the baby's schedule. It will be hardest this summer, because that's my busiest time... (pause)...I'll probably lose a few clients, but then I guess you have to forfeit something. But it's an advantage because I work at home, and when I have meetings then either my husband or someone else will have to look after the baby. My husband's office is in the house, too, so we're both in and out throughout the day. It's ideal for our situation, but how it will actually work I don't know. It seems easy now, to think it will work, but it really depends on the baby. If he's healthy, if he's not colicky, that makes it relatively easy.

Although Pam expected to rely on her husband in caring for the baby, she felt that she would carry the brunt of the responsibility. This caused her some concern, since she worried that the baby didn't have the same meaning for her husband as it had for her. She perceived him as freer to leave the relationship, whereas she would be permanently responsible for their child. At times she found the idea of this responsibility to be frightening.

> P: Sometimes I worry because in a way I feel the baby is more my responsibility. It's so easy for men, should they decide not to like a relationship, or whatever...to go...and that child is still my responsibility. So, I'm

> more concerned about it than I think he is. It's difficult for me to realize that somebody else will be totally responsible to me. For the rest of my life...or for the next twenty years, at any rate, I will have to look after this child.

Although Pam expected that she might sometimes resent this responsibility and having to put her child before herself, she felt that since her family was important to her, it wouldn't be a problem. She did worry about the economic aspects of this responsibility, however, which contributed to her conviction that it was important for her to keep working.

Pam expected her husband's main role in the family would be to provide a solid base for her and their children. She saw him as a very stable personality, and she relied on him to act as a 'guiding force' to help her keep things in perspective.

Although Pam had past experience with babies and young children and wasn't concerned about her ability to care for her baby, she expected to feel 'confused' and 'yukky' for the first few weeks after her baby was born. She was concerned that her life with a new baby would not be what she had expected, and predicted that it would be difficult to adjust to at first.

> P: I think it will be hard. It's difficult for me to imagine past the time of having the baby, and coming home with the baby, and feeling the pits. I am prepared to feel a whole lot worse after I have the baby than I have through the whole pregnancy. I'm anticipating the worst... I suppose that worries me only in that my new world won't be what I expect it to be...that my husband doesn't feel about the baby the way I do. The adjustment will take a little longer. So, I don't know. I just expect to come home feeling yukky, which isn't so great... (laughs)...I suppose it's part of the whole thing.

Possibly related to Pam's expectation that her adjustment to her new life might be difficult was her concern that she wouldn't feel an instant attachment to her baby. Although she considered it unrealistic to expect a new mother to love her baby instantly, she anticipated feeling confused about her feelings towards her baby until she got to know it better.

> P: Motherhood is supposed to be an instinctive thing, where all women, once your child is born...that sort of natural instinct takes over. Is it something that's so instinctive that you automatically love this child because it's yours?...I don't see how mothers can instantly love their children. To me, it should be something that grows, but maybe it's just an instinct.
>
> I: What are you expecting for yourself?
>
> P: Confusion...I suppose I do expect the instinct to care for my baby to take over, that you don't question the fact that you're going to take care of this child...but, the fact that I feel this love for a child I don't really know...it's as difficult for me to imagine that as loving anyone else's child.

Pam was not sure what she would be like as a mother. She was concerned that she would be overdisciplinary because she had been overdisciplined herself as a child. On the other hand, she loved babies, and was concerned that she would be overindulgent and possessive and cultivate her children's dependence, rather than encouraging them to be independent. She felt it was important to create a proper balance between discipline and permissiveness, because while she wanted to have open warm relationships with her children, she also didn't want them to be 'spoiled rotten'.

Pam felt that to be the kind of mother she hoped to be, she would need to become more patient and understanding. She saw herself as sensitive, emotional, and trusting, and felt these were good qualities to have as a mother, but she was concerned that she wouldn't be as patient as she would like to be. Pam did not expect herself to be perfect, however, and felt that a good mother is someone who does the best she can for her child under her circumstances.

> P: There will be days when, I'm sure, I'll be bitchy...with the children and my husband, because I can't do things my way. I don't aim or expect to be perfect. You can only do as well as you can.

Experience of Pregnancy and Childbirth

Although Pam was excited by her pregnancy and saw it as a realization of something she and her husband had wanted for a long time, her enjoyment of these months was somewhat marred by her husband's response to her pregnancy. Whereas she had expected him to be as excited as she was and had hoped to share the experience with him, she had found his reaction to her pregnancy to be rather confusing. Pam felt that her husband was alarmed and disturbed by the physical changes she was going through. She found that he did not like to touch her or feel the baby move, and he seemed to her to want to deny the whole experience.

> P: It's like he can't imagine that I could have this baby growing inside me. He doesn't like to touch me and feel the baby moving, and to me it's fascinating...It seems to bother him. The bigger the baby gets, the more appalled he seems to be...I suppose it's hard for a man to understand how I feel, and to even feel anything close to what I feel because, I mean, he doesn't have this baby. He can't imagine this baby, whereas I can...I think until the very end the baby will be a world away from him.

Although Pam expected her husband to be loving and attentive towards her and the baby after it was born, she was confused by his reaction. Because he refused to talk about his feelings, Pam was unable to understand his behavior, and there were times when she felt almost unloved. She was particularly frustrated by his inattention and lack of involvement with her at this time because her own sexual drive had increased during pregnancy. His apparent distaste for her contributed to her feelings of unattractiveness, so that she found it difficult to make advances towards him.

In spite of these concerns about her husband, Pam enjoyed her pregnancy and found it easy. She felt healthy throughout and had no complaints, other than feeling large and uncomfortable towards the end. She felt that perhaps she was overconcerned about her husband's behavior and expected their relationship to return more or less to normal after the baby was born.

Late in pregnancy Pam was not looking forward to the delivery. She disliked hospitals and expected delivery to be a difficult ordeal. Although she felt that the prenatal classes had helped prepare her psychologically for the delivery, she thought they portrayed a rather idealistic picture of what labour and delivery would be like, and she was preparing herself for the worst. Her faith in the doctor she had chosen, however, helped allay her fears somewhat.

Although Pam wanted her husband to be present in the delivery room so that he would have a better chance of developing an early attachment to their baby, she was concerned that the experience might not be what he was expecting.

> P: I suppose I have a fear that I won't be as strong as he thinks I should be, or that he expects me to be, or that he thinks I'm going to breeze through this thing. They told us in the classes that it wouldn't hurt, and all this millarky, and how's he to know?

Looking back on her delivery at two months postpartum, Pam recalled her experience of labour and delivery as difficult and painful, but "no worse than anything else". She found her husband very helpful to her in coping with the contractions and felt that she wouldn't have been able to stay in control without him. She thought that if her baby hadn't been quite so big it would have been an easy delivery.

Experience of Early Motherhood

Pam described her first two months of motherhood as hectic and at times she found the adjustment to her new responsibilities difficult. She resumed working soon after getting home from the hospital and she soon realized how tied down she was by the baby. She found it difficult to get her work done because of the frequent interruptions required for baby care.

> P: It's hard to believe how little I can accomplish, or how quickly the day goes and how little I did get done because of the baby. A job that would have taken me a day before takes me a week now. Anything that I go out to do takes forever when I take him...but that's just the way it is...If I say I'm going to get something done in an hour, chances are it will take two...I don't know where the time goes - it just goes.

The disorganization of these early weeks was perhaps pronounced for Pam because she and her husband moved house soon after the baby was born, and by two months postpartum they were not yet completely settled into their new home. She found her responsibilities particularly difficult when she had deadlines in her work, but generally she felt that her job was made much easier by the fact that her son was a good baby. She coped with her situation by working in spurts, when the baby was quiet, and by spending less time on housework.

> P: I guess if he'd been a colicky baby or something it would have been a lot harder, but he's been pretty good. I've just worked whenever I could and to heck with everything else.

Pam expected to find it easier to manage as her baby got older and demanded less of her attention.

Although Pam felt she would actually have been quite content to put her work aside for the time-being and devote her attention to her baby, she continued to feel strongly that she needed to be making an economic contribution. She had been financially independent for so long that she did not want to rely on her husband for money. Furthermore, she was adamant that she did not want to fall into the traditional role of wife and mother, where the woman serves her husband in return for financial upkeep, and she felt that unless she was working she was not justified in asking her husband for help around the house.

> P: I think I need that sense of financial security. I don't know. I've just been independent on my own for so long that I can't get used to being dependent on someone else, and I don't really think I want to...(pause)...I think he has too much of a hold on you, and then he feels that he is totally supporting me. And I don't want to feel that way because then, to me, he is the controller of everything. It has to be more joint, and then I have to contribute financially as well...He should be helping me, and how can I say that if I haven't contributed anything?

Another reason why Pam felt it was important for her to keep working was her feeling that before long her baby wouldn't need her as much. Although she enjoyed taking care of him, she was concerned that she would become overattached to him and overinvolved with his care, and if she didn't keep up with her work she would be left with nothing to do as he became more independent.

> P: It would be easy to say, "Well, heck - I don't want to work. I'll just look after him", but in a year he'll be running around and not caring, and not wanting to be held and cuddled, and then what would I have?... They grow up too fast not to keep up with my work. Before I know it he'll be out playing with all the kids on the street, and I'd be in here twiddling my thumbs. To me, keeping the house clean is not going to occupy my mind, so I don't want to lose my work.

Pam felt that her high expectations of herself had contributed to any difficulties she was experiencing in making the transition to motherhood. Meeting the demands of her baby had proved more time-consuming than she had expected and she was finding it difficult adjusting to the numerous responsibilities of motherhood, career, and housework. Whereas she had expected to be able to successfully integrate all three roles, she now felt that she wasn't doing any of these jobs as well as she would have liked.

> P: I suppose I was prepared for being able to do all these wonderful things - being able to be a perfect mother, a perfect housewife, and to carry on my work as if it was nothing. It didn't work, of course. So then...I still keep trying to cram in a whole lot of things, and I'm probably not doing anything as well as I could have.

Pam seemed to feel that she would have found it easier to cope with her responsibilities if her husband had been more willing to share them with her. Contrary to her expectations that he would be loving and attentive following the birth of the baby, Pam felt that her husband had shown little interest in the baby and was causing her more work rather than less. He was not involved with the baby's care, and Pam found that he spent more time away from home and helped her less around the house than he had previously. Furthermore, it seemed to Pam that her husband was not making enough of an effort to do things together as a family.

> P: He just doesn't take the time to sort of develop the things that we could do all three of us. Either I take care of the baby, or he takes care of the baby, and then I do what I need to get done while he's taking care of the baby, and he goes his merry way while I'm taking him. We just haven't done anything that's really all three of us, and I keep telling him we need to...I keep telling him it's too divided still. It's the baby and someone, and then the other person is free to do whatever they want to do, but it's not all three of us and it needs to be...so that things can sort of become normal....that he isn't that third person still.

Although she reasoned that perhaps her husband was just having difficulty settling down to his new responsibilities, Pam resented his apparent lack of a sense of responsibility to her and the baby. It seemed to her that the baby did not mean to her husband what he meant to her, and she questioned his degree of commitment to his family. Consequently, she felt that she was left with the burden of the responsibility for the baby's care.

> P: He's still in his world, and I'm in mine with the baby. If he wants to do something, he up and does it without a second thought about who is going to take care of the baby, or is the baby going to cry if he jumps in the shower... Or, if he wants to go for a run, or for a walk, he can go and do it, and I'm just going to be here with the baby. It's like he has a built-in babysitter, whereas everything I do has to be coordinated around what he's doing. He doesn't say "Well, would you like to go and do that? Do you want me to stay with the baby?"

At two months postpartum, Pam was concerned about how her relationship with her husband was being affected by his response to the baby. She reported feeling increasingly indifferent towards her husband, and she felt that unless he showed more of an interest in the baby their relationship would suffer. She resented her husband's inattentiveness towards the baby and was concerned that she and her husband would become increasingly divided as she became more and more involved with the baby.

> P: It's made it harder for me to sort of regain our normal relationship, because I resent his lack of attention to the baby. So that makes me spend even more time, or be more attentive to the baby...because he doesn't. I think he's either going to have to spend more time with him, or it's...it's going to be a problem with us.

Because Pam felt that her husband's behavior was partially a response to her own involvement with the baby, she was making an effort to be less attentive to the baby and she encouraged her husband to spend more time with him and become involved with his care. Although she found her husband's lack of responsibility difficult to understand, Pam realized that he had been under a lot of pressure and she felt that perhaps he just needed more time to adjust. She seemed apprehensive about how their family relationships would evolve, but she expected that their lives would settle down into a more familiar pattern as she and her husband became more organized.

> P: I think that we're starting to get things a little more organized. The baby doesn't fuss so much anymore. My husband and I can sort of sit down together and relax for an hour...and he doesn't feel that the whole time he's here I'm looking after the baby...I think we all sort of have to adjust to each other, and... we're starting to get there. So, I think things will get better.

In spite of her resentment of her husband for not helping her more, Pam did not feel she needed support from others in taking care of her baby. Although she felt she could rely on her own mother for help if she needed it, and had left the baby with friends and relatives several times, Pam wanted to take care of her baby herself and was reluctant to share this responsibility with others.

> I: Who have you been able to get support from in the past couple of months, or have you felt that you've needed extra support?
>
> P: ...(pause)...I don't know...(pause)...I don't really feel that I need any support as far as his care goes. I don't know. I suppose if I really felt that I needed anything I could talk to my mom...I haven't felt that I had a great need for anyone. I didn't want any. I suppose it's normal. I wanted to take care of him myself, and I didn't really want anyone. I wanted to do that, and unless they were willing to come and do other things that I didn't have time to do, then they needn't come.

Perceptions of Motherhood

Although in some respects she was finding early motherhood more difficult than she had expected, Pam felt that the good parts of mothering were as good as she had hoped they would be. She enjoyed being with her baby and meeting his needs, especially now that he was becoming more responsive to her. She saw mothering as taking care of her baby's basic needs and felt that she was doing everything she was supposed to be doing. She seemed somewhat concerned, however, about being 'overly motherly' and 'overattentive' to her baby.

> I: What does being a mother mean to you?
>
> P: Feeding. Changing diapers. I don't know. It's doing all of the little things, I guess... Taking care of him...(pause)...I suppose it's ...I don't know...Is being a mother anything other than taking care of your kids? I don't know. At this point I don't really think that you can love them too much, because I don't think you can spoil them...Mostly I feel that all I do is the essentials. I don't

> really feel that I spend that much time babying him...I don't feel that I've overly attended him. When I have time, or when I feel that I don't want to do anything else, I probably sit holding him, but other than that he gets basic care.

Pam seemed concerned that if she indulged her baby while he was little he would become spoiled and overdependent on her. She did not want a child who would come only to her and she was also concerned about becoming overattached to him because she felt that before long he wouldn't need her anymore. She felt that her husband's inattention to the baby was causing her to compensate by being overattentive, and she feared following her mother's pattern of being overprotective of her children due to her husband's lack of affection with the baby.

> P: It bothers me...that I should develop such a strong feeling of attachment, because the child will soon outgrow that, and then he will want to be free of the overlymotherly thing...I think my mom was like that when we were wee little, too...sort of overprotective. In some ways I think it was because my dad was nondemonstrative in his feelings, and if my husband is that way, I think I will become that way, too...So, I think it's important right now that my husband sort of spend time with him and get as attached to him as he can, because otherwise I will become the sole source of his attention and love, and it's not really a good thing.

Pam saw the biggest change in herself since having her baby as the development of motherly feelings. She found it difficult to describe the feelings she had towards her baby, but she felt that the most important thing to her as a mother was that she be able to protect him and herself from any danger or discomfort. At times she was awed by the responsibility of caring for a child and feared that something would happen to him. She also wanted to ensure her own safety so that she would be there to take care of him.

> P: I think that to me is the scariest thing... is that suddenly I have this child, and... I want to take care of him, and how frightening it would be if something were to happen to him. All the broken bones and colds and measles they have to go through, and it's just...it's scary. If only you could protect them from all those things and be assured that he'd never have to go through the pain.

Pam found that these protective motherly feelings towards her baby had taken some time to develop. She did not feel an instant attachment to her baby when he was born, and at first she was concerned that she would be a horrible mother. Although she had always wanted to be a mother, she wondered if this was really what she had wanted and if she would be able to love him. She found, however, that as she began to know him she felt increasingly protective of him and motherly towards him.

> P: I had always thought that I would have children and that some day I would be a mother, although when he was first born, I was still really uncertain as to whether I would be a good mother, or whether I was all that sure that this is really what I had wanted, and does he really look like the baby I wanted ...(laughs)...I just didn't feel that great ..."Wow, this is my baby!", and it was frightening, I think, for a few days. I was scared to hold him, scared to change him... (laughs)...so, it took such a long time to really get that assured feeling that this is my baby, I can take care of him, and I can do it best because he is my baby.

Contributing to Pam's mixed feelings about her baby at this time was her realization that she sometimes got angry with her baby when he was fussy. She felt that she should have more patience with him and it disturbed her that she would sometimes get cross with such a small helpless baby.

> P: It bothered me that...when he fussed and fussed and fussed...that I got mad. I felt that you shouldn't. You should have a mountain of patience, because this is your child and it's your responsibility to take care of him.

Pam found it helpful to read books about mothering, because she learned that it was natural and acceptable to feel angry with her baby at times. As she realized that her occasional anger did not interfere with her basic love for her baby she grew more accepting of her negative feelings.

As she got to know her baby, Pam became increasingly concerned about the quality of life she could provide for him. It became even more important to her that they move to the country, where they could live a simpler, more basic life and he wouldn't be spoiled by material wealth. Although both she and her husband wanted to avoid spoiling their son, Pam was concerned that her husband's financial ambitions would continue to delay their plans to move to a more rural setting. She felt, however, that where they lived was not as important while the baby was still small.

Summary

Pam's transition to motherhood was characterized by considerable stress and conflict, and at two months postpartum she was still experiencing some difficulty in coping with her added responsibilities. These were particularly heavy for Pam because she returned to work very soon after the baby was born and, contrary to her expectations, she received little practical or emotional support from her husband during these early weeks of motherhood. Consequently, Pam was required to cope with full childcare and household responsibilities in addition to her work. Her disappointment with her husband's response to becoming a father increased her distress both during pregnancy and early motherhood.

A major source of stress for Pam appeared to be her conflicting expectations of motherhood and of herself as a mother. On the one hand, she felt that the mother role was inadequate for meeting her needs for financial independence and personal fulfillment. It was important to her, therefore, to continue working. On the other hand, she found that she enjoyed mothering and would have like to spend more time with her baby. This desire, however, was further complicated by her concern about becoming overinvolved with, and therefore dependent upon her baby.

Pam's difficulty in integrating her career and mother roles may have been related to her definition of the mother role. In spite of her heavy responsibilities, she continued to have high expectations of herself as a mother. She was reluctant to leave her baby in someone else's care, for example, preferring to care for him herself. Adding to this conflict was her initial concern that she did not feel for her baby what she 'should' feel.

Pam seemed to cope with her situation by lowering her expectations of herself and learning to do only what she was realistically able to do. In spite of the difficulties she experienced, she took time to enjoy her baby and found her relationship with him to be satisfying and rewarding. She continued to be stressed by her inability to do everything, however, and particularly resented her husband's lack of involvement. Although she felt she and her husband were gradually adjusting, at two months postpartum she was uncertain if she would eventually have the close family unit she had hoped for.

CASE STUDY #5 - KRISTEN R.

Kristen became pregnant unexpectedly during her final year at university, where she was studying teaching. Although she and her husband had felt ready to have children for some time, Kristen had planned to work for a year before starting their family. As she questioned what having a baby at this time would mean to her career, Kristen initially felt some ambivalence about her pregnancy, but she seemed to accept it very quickly and was generally very pleased and excited about the prospect of having a baby. She enjoyed children very much and had always seen herself as becoming a mother one day. She rationalized that with her pregnancy coming at the time that it did, she would have an opportunity to decide what she wanted to do with her degree before jumping into a job.

> K: Now I'll really have a chance to decide what I really want to do in teaching...There's so many different job opportunities that had I not been pregnant I might have been tempted to take the first job that came along, and not really taken time to decide what I wanted to do.

Kristen also saw an unplanned pregnancy as more natural than a planned one and she was pleased to have by-passed the experience of 'trying' to get pregnant. In spite of the fact that her pregnancy was unplanned, then, Kristen seemed to feel that her pregnancy was 'right' for her and her husband at this particular time, and they were looking forward with eager anticipation to having a baby.

Expectations of Motherhood

It seems that Kristen's initial concern about the future of her career was related to her uncertainty and apprehension about the extent to which motherhood would infringe upon her freedom and her separate identity. She was accustomed to having a lot of independence, and was anxious to maintain a sense of self-identity which was separate from, and equally important to, her roles as wife and mother. Her observation that many women become submerged in the mother role to the extent that there is nothing left of themselves once their children leave made her determined to keep a part of her life separate from motherhood. Although she realized that the baby would frequently have to take priority over her own personal needs, she did not want her child to become her entire life. Furthermore, she felt that by keeping herself happy she would do a better job both as a wife and as a mother.

> K: I have to think of myself still...like, I have my career, and I don't look upon myself as being a total mother and not continuing to grow as a person for myself...Of course, there's going to be changes and I won't be able to put myself first all of the time. The baby will have to come first a lot of the time. I just personally feel that some women give their whole life to their kids and they get lost as a person in the background...I have to find my own interests also, and contribute something to that, because I think it's only if you're happy within yourself...in that way you will be a better wife, you will be a better mother.

Kristen did not necessarily see a return to her career as essential to maintaining her sense of self and was undecided about whether or not she would work following the birth of her baby. Rather, what was important to her was that she feel satisfied within herself with whatever she was doing. She saw her time at home with the baby as a special time for herself, and planned to use her time carefully so that she could pursue different interests she had previously not had time for.

> K: I think...this will be great times. I'd better make the best of it...(laughs)...It may be the only chance I ever get...to do all those hobbies that I've never had a chance to do because of working and school. So, I'm looking at this as...hey, this could be a really great time for me...not only as a mother and the baby, but I can do all those things that I wanted to do...I see it as... you can either make it that way, or you can really waste your time a lot,too.

It seems that the importance Kristen placed on maintaining her own identity had stimulated her to develop ways of integrating the baby into their present lifestyle rather than allowing it to change their lives completely. Kristen and her husband were actively involved in outdoor activities and although she realized that they would no longer be able to pick up and go camping on the spur of the moment, she hoped to modify their activities to include the baby, rather than giving up these interests entirely.

> I: Have you got any ideas about how your life might change after the baby is born?
>
> K: We tend to do things on the spur of the moment. We're not planners. I tend to leave everything until the last minute. If we decided to go camping for a weekend, I would pack the night before we went...(laughs)... but I don't see that as...yes, you plan and organize, but you still do it.

Kristen felt it was important to become accustomed to taking the baby with her wherever she went so that she didn't feel tied to the house and begin to resent the baby. She realistically expected to be quite preoccupied with the baby during her first months as a mother -

getting organized and becoming acquainted with her baby - but she hoped to resume her normal activities as quickly as possible.

Although Kristen hoped not to have to make too many changes in adapting to her life as a new mother, she anticipated that the sudden transition to being totally responsible for another person would not be without its difficulties. In particular, she felt some apprehension about how the baby would affect her relationship with others. Kristen and her husband did not have a large circle of friends, but they did have a number of close friends whose support and friendships she valued highly, and she wondered how these relationships would be affected by the arrival of the baby. One couple, in particular, she and her husband had known since high school and continued to share many activities together. Although this couple had been supportive throughout her pregnancy and frequently spoke of including the baby in their activities, Kristen wondered what impact their baby would, in reality, have upon the present lifestyle they enjoyed together.

> K: How the baby is going to affect our relationship with this couple, I don't know. I've wondered about that...We talk about bringing the baby along and they've also said, "Oh, yeah - You bring your kid along and we'll go here and we'll go there...", but how it's going to affect our little group, I don't know.

Towards the end of her pregnancy Kristen was also curious to see how her relationship with her husband would be affected by the baby. She described their relationship as being very close, and she expected that the baby would have a positive effect on their relationship, as her pregnancy had, by giving them something else in their lives to share. Because they had been together for almost ten years, however, and had developed considerable independence both as a couple and as individuals, Kristen wondered what it would be like for them to integrate a third person into their lives - particularly one who was totally dependent on them. She expected that adjusting to this responsibility would be the biggest change for them. Furthermore, she felt apprehensive that her own preoccupation with the baby might infringe upon her relationship with her husband, and it was important to her to preserve a sense of that couple identity, as well as her own personal identity.

> K: My husband and I have known each other for about nine years, so in a lot of ways we have been independent, because we can just pick up and go when we want. We do a lot of outdoor activities...and now I'm thinking, "Well, what is having a baby going to do to our relationship...between my husband and I? How is this baby going to affect that relationship?"...I've always thought that yes, the baby is coming into our life, but we have to continue maintaining that couple relationship.

Many of Kristen's concerns about motherhood, then, were centered around her desire for some sense of continuity in her life following the birth of her baby, i.e. a continuity in her self-identity, her significant relationships, and her lifestyle. Such concerns seemed relatively mild for Kristen, however, as she appeared confident that the quality of her relationships and her own awareness of her personal needs would allow her to maintain a satisfactory balance in her life.

In spite of Kristen's concerns about how her relationships with others would be affected by the birth of her baby, in many ways she expected it to draw her closer to people. She predicted that becoming a mother would bring her closer to her parents, for example, by providing her with another common experience to share with them - much as getting married had. She particularly looked forward to seeing her father with the baby. She felt that he had a lot to offer a child, and she regretted that he had missed much of her own childhood because he had not been around home much.

> K: I think for my father the baby will be something very special...especially when the kid's a little older. He likes to go fishing and that kind of thing, so he could take the kid with him...because he didn't have that closeness with us...He never shared a lot of when we were growing up, so now he's kind of getting a second chance.
>
> I: What's that like for you?
>
> K: I think that will be nice, because I really respect my dad, and I think he has a lot to offer a child...so I'm looking forward to that.

Kristen's mother was also excited and pleased about the baby, and at times Kristen wished that she and her husband lived closer to her parents so that she would be able to see her mother more often. She realized, however, that she and her mother had many different ideas about mothering, and expected they would have to work through a number of differences once her baby was born. In that sense, she felt that it might be just as well that her mother didn't live too close by.

Dealing with people's conflicting opinions about parenting was an issue with which Kristen felt she might have some difficulty as a mother. Although she had definite ideas about how she planned to mother her baby, and felt that it was her responsibility to stand up for those beliefs, she was concerned that she would become defensive when her values were challenged. For example, she looked forward to nursing her baby, and was aware that her parents had mixed feelings about breastfeeding - particularly in public. Consequently, she wondered how she would feel when it was necessary to feed the baby while visiting her parents. Although she saw herself as being responsible for herself and her baby, rather than for other people's reactions to her behavior, she anticipated there would be times when she felt uncomfortable.

> K: You have to please yourself first of all, and you can't let other people's comments really get to you and prevent you from doing what you want. So I think you have to be strong within yourself, and say this is the way I'm going to do it.
>
> I: Is that going to be hard for you?
>
> K: Yeah, I think it will be...because I think that I would either become very defensive and try and support what I believe in, or I would not say anything. Maybe that's the best way...is to not say anything.

As previously mentioned, Kristen intuitively felt that the baby would enhance her relationship with her husband. They had several young nieces and nephews who they enjoyed and it seemed to Kristen that having a baby of their own would be particularly special. She felt that she and her husband both had a lot to offer a child and expected the process of nurturing their child's development to contribute to their own lives. The quality of their relationship with their child was very important to Kristen as a mother, and she anticipated deriving a great deal of pleasure from the special closeness she hoped to establish with it.

> K: We have about ten nieces and nephews and we go and visit them, and it's always nice to hold them and play with them, and that kind of thing, but it's still...like, I really want a baby of my own, so that I can really feel that closeness to them, and that affection towards them, and... just the fact that they're part of you...I don't have that with many people. I have a few friends I go to like that, and my husband, but there's not that many. It's not everybody you

> have that relationship with and so I'm looking forward to it in that way...to be able to be really close to someone...To think you're going to have this baby of your own that's your very own. It's not just something you're going to be with a couple of hours. You're going to be with the baby lots...and hopefully develop a really close relationship.

Although Kristen looked forward to the relationship with her child as an enriching experience, she viewed the responsibility of having a child as a difficult challenge, and felt that it was important to have realistic expectations both of motherhood and of herself as a mother. She predicted that there would be times, particularly in the early months, when she would feel negative about mothering and would need to get away from the baby. She felt that it would be important to her to have time to herself in order to recoup her strength and gain a perspective on her situation.

> K: I'm planning that there will be times when my husband comes home from work, when I'll say, "Here - you look after this baby for awhile, so I can go"...Whether you go for a walk, or whatever...it's just to get yourself together again and to just...look at what's happening, and whether you like what's happening...and if you don't like it, how are you going to change it?

Kristen expected that dealing with the difficulties of motherhood would be something she would have to work through on her own, but it was important to her to know there was support available to her should she need it. She expected to rely primarily on her husband for practical and emotional support, but had also taken steps to make contacts within the community social network, e.g. the LaLeche League. She had a few friends she felt she could talk with openly about any negative feelings she might have, but expressed some regret that the sister-in-law she felt closest to lived in another city. For the mostpart, however, Kristen expected to rely on herself and her enjoyment of her baby to tide her over the difficult periods. She saw it as another adventure in her life, and planned to enjoy it as much as possible.

> K: I think motherhood will be hard, mostly because you have that responsibility all the time. You can't walk away from it and you can't put that out of your mind... (pause)...I think there will be difficulties, but I think...hopefully I'll just deal with them...And, I think because of that special relationship that there will be between me and the baby...that's what's going to get you over these times, too. I see it as really being exciting and challenging, in a way...It's another adventure in your whole life. It's part of your life...and I think if I try and keep an open mind about it, and enjoy it as much as you can...

Perhaps because she viewed motherhood as simply another life experience, Kristen planned to deal with the ups and downs of mothering much as she dealt with the rest of her life, and didn't expect to change much as a result of becoming a mother. Just as she was easy-going and accepting as a non-mother, she anticipated that she would take her mothering responsibilities in her stride and find ways of coping with the various problems inherent in motherhood.

Experience of Pregnancy and Childbirth

Kristen's characteristic tendency to take things in her stride, and her perception of motherhood as a part of her total life experience, were also evident in her attitudes towards her pregnancy. Although she valued her pregnancy as a special time to be shared with her husband, she generally felt that pregnancy was not something to be made a big fuss over. She preferred to be seen as herself, rather than as a 'pregnant woman', and reported having difficulty relating to people's standard questions about weight, health, and due date.

Kristen found the physical changes of pregnancy to be fascinating and she looked forward to continuing her physical bond with the baby through breastfeeding. Because she felt very healthy and saw pregnancy as a normal event rather than as an illness, Kristen continued to be physically active throughout her pregnancy.

> K: All winter we went cross-country skiing and we went down-hill skiing, and I never thought of not going somewhere because I was pregnant ...I mean, I'm going to be realistic about it. I'm not going to overdo myself...but I still think you don't have to let that pregnancy take over your life...You accept it and make the best of it.

Towards the end of her pregnancy Kristen was already feeling closely related to her baby. She also enjoyed sharing her experience of pregnancy with her husband and was pleased that he was so positive and excited about it. She felt that he, in particular, was looking forward to having the baby because he had been unable to completely experience the baby's presence during pregnancy, as she herself had. She saw this as a distinct disadvantage for men and felt glad to be a woman.

> K: My husband is really outside of a lot of the pregnancy...feeling the baby move, and what's happening. He's part of it, but still...I wouldn't want to give up this experience...He can put his hand on my stomach and feel the baby move, but it's still not like me experiencing the baby move, and the whole birth process. I just think guys are gypped...(laughs)... I think when there's actually a baby that will be so much better for him. I have a lot of the feelings and closeness now, whereas for him... he can't until the baby is born.

It seemed that her husband's excitement and anticipation about the baby played an important role in Kristen's experience of pregnancy and her expectations of motherhood. His support and understanding contributed to her feeling that the baby would enrich their relationship, and was also helpful to her in dealing with her pregnancy.

Kristen's expectation that her husband would continue to be supportive was borne out by his response to her labour and delivery and, subsequently, to the baby herself. Kristen found his coaching assistance during labour and delivery to be very helpful, and felt very close to him throughout the experience. Furthermore, she felt that his participation in childbirth and his presence afterwards served to cement his bond with the baby and helped draw them together as a family.

> K: You can't even describe how close you feel when he's right there and helping you along and supporting you. After the baby was born, the doctor wrapped her up and everything, and gave her to my husband and he held her. He held her for an hour after she was born. She was so awake and so alert. We stayed an hour in the delivery room and then we got to stay an hour in this other room afterwards...and then he was with us all the time in the hospital. He was there lots. It just really brings you close together as a family.

Although Kristen had a relatively easy delivery and did not find it difficult or painful, she haemmoraged afterwards and required cervical stitching. Because she lost a considerable amount of blood, she was quite weak and tired for several weeks following her delivery. This complication affected her hospital stay, in particular, because she was unable to have the baby with her as much as she would have liked, and she found this upsetting.

Experience of Early Motherhood

Following the initial high she experienced with the birth of her baby, Kristen lapsed into a 'low' period which was to last several weeks. During these early weeks of motherhood she worked at recouping her strength, getting organized, and generally adjusting to her new role as mother. Because she was weak and tired following her surgery, she found that she spent most of her time either caring for her baby or catching some sleep. By two months postpartum Kristen was feeling more energetic and better organized, but she found it necessary to adjust to the realization that mothering demanded more time than she had expected.

> K: The first three or four weeks I found it was mostly concentrating on looking after the baby and looking after myself...catching up on sleep...trying to sleep when she does, and just getting organized in that way. Now that she's kind of in her schedule, I know when I can do this and when I can do that. Projects have to be the kind of thing you can pick up and put down...I had the misconception that you'll be able to spend all this time at home, and you'll be able to do all these things you wanted to do...whereas it's not like that.
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> I: How have you felt about that?
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> K: Well, I think it's just getting used to it. It kind of comes as kind of a surprise...a shock...but it's O.K. It doesn't really bother me. It's just that you have to adjust to it.

In addition to realizing that she might not have the time to herself that she had anticipated, Kristen found that she missed the social contact and positive reinforcement she had come to take for granted at school and at work. Although she enjoyed her baby and wanted to be home with her, she described getting used to staying at home as her most difficult adjustment in becoming a mother.

> K: I think the biggest adjustment is staying at home...for me. It's been really hard to get used to...just not being with adults, I find. I know that I like being here at home, but it's just different, in a way, that you might not see any adults all day, or talk to anyone else. That's really a big change. Really a big change. I never expected it would be so hard to do that.

Kristen was concerned that her isolation at home with the baby might further distance her from others by narrowing her focus to the point where she was unable to relate to anyone about anything else. Consequently, she felt it was crucial to keep in touch with the outside world, and made a point of listening to the radio during the day and getting out of the house in the evenings. It was important to Kristen to make an effort to expand her present world because she felt much better about herself when she was able to talk about non-baby experiences.

> K: If you're going out and going to school or to a job or something, when you come home at night you have something to talk with your husband about. But what am I going to talk to him about?...(laughs)...I really make a point of listening to things on the radio, because I think well, you pick up things there. That's one way of finding out information, and at least you have something to talk about. I'm sure he doesn't want to hear about all the little things I did at home during the day. So I try to do that...And I think I really have to make an effort to enroll in something...just to get out and to do something...Then, too, when you get with a group of people, you don't want to sit and just talk about home and what you did with your kid. You have to make an effort to be aware of what's going on around you...in the city, or the world, or the community, or whatever.

Feeling good about herself in her new social position as a mother was something Kristen found she had to work at. She felt that as a 'homemaker' she ranked low on the social ladder, and initially this bothered her. In spite of her conviction that she belonged at home with her baby and enjoyed caring for her, Kristen felt 'useless' and 'unproductive', and had to consciously reinforce herself with pep talks. Because there was no one there during the day to provide her with that reinforcement, she found that she often needed to tell herself that she was worth something, and that what she was doing was right and important. By taking one day at a time and maintaining a positive outlook, Kristen found that she was able to keep herself from getting depressed.

> K: It has taken awhile to feel positive about... yes, I'm doing this and it's the right thing to do...
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> I: How do you do that? How do you help yourself feel good about what you're doing?
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> K: I don't know. I think it's just more or less kind of giving yourself pep talks and reinforcement, and giving yourself praise, and saying that yes, I'm worth something and I'm doing the right thing.

In spite of the difficulties she experienced in adjusting to staying home, Kristen did not choose to return to work. Although she was ready to consider returning to work when her baby was older, she generally felt that she would prefer to stay at home. She derived a great deal of satisfaction from her baby, particularly as she became more responsive, and did not want to be separated from her. It seems that the rewards she obtained from her close relationship with her baby compensated for any difficulties related to staying home.

> K: I enjoy taking care of the baby. I don't find that a drudgery or a routine, or anything like that at all...well, because she changes so much. Now she's getting responsive and smiling,

> so that you get your rewards that way. I don't know. At six weeks I was thinking...gee, some women go back to work at six weeks and the baby is only six weeks old, and I thought...boy, I wouldn't be ready to leave her with someone else to go back to a job...You just feel so close to her. You just want to be with her. I do. I just want to be with her all the time. It's not that I need that adult contact so much that I have to go out. Well, maybe some people do...but I wouldn't want to.

Although Kristen had received some criticisms for her decision to stay home on the grounds that she was 'wasting her degree', she did not feel pressured to return to work because her husband supported her in her decision. At two months postpartum, Kristen felt that she would have ample opportunity to use her degree in the future and seemed content to 'wait and see' how she felt about work in a few months time.

For the most part Kristen seemed to receive a considerable amount of support as a new mother. Although she felt that her adjustment to staying home was something she had had to work through on her own, Kristen felt reassured to know there were friends and family there to talk to if she needed them. As she had expected, she experienced some difficulty in dealing with people's conflicting advice about mothering, but because she felt confident in her ability to mother, she was able to ignore most of the comments she received. She felt, however, that had she been less secure as a mother, she might have found such conflicting advice both confusing and threatening.

It seems that throughout Kristen's process of making her transition to motherhood her husband consistently provided practical and emotional support. In particular, Kristen derived considerable pleasure from the close relationhip her husband was actively developing with their baby.

> K: Everyone comments about how close my husband is to the baby. At first he wouldn't let anybody touch her or anything...(laughs) ...He had to hold her all the time. It was really nice...It worked out good, too, because I wasn't feeling that well. He was with her lots and holding her lots, and stuff like that, so it was good. It's just really nice to see that.

By two months postpartum Kristen was feeling good about herself and her new role and felt that she had worked through and adjusted to many of the difficulties related to staying home full-time. Although it is apparent that she effectively employed a variety of coping mechanisms in making this adjustment, Kristen found that getting out of the house as early on as possible was most helpful to her. Because she was breastfeeding she was unwilling to leave the baby with someone else, and it was important for her to realize that she could go out with the baby and was not tied to the house. She made a habit of going out frequently and did not find it difficult to take her baby with her wherever she went. When the baby was only a few weeks old, she went on a visit to her parents', and this helped confirm for her that she still had a certain amount of freedom.

> I: What have you found most helpful in the past couple of months in getting used to the baby and making that transition?
>
> K: Well, for me it was important to get out early ...like, to take the baby places early. I suppose she was only about a week or ten days and when my mom was here we went shopping...and that was important to know that I can take her and I can go places. I think that was the biggest thing...to know you don't have to stay home.

Although she didn't allow breastfeeding to tie her down to the house, Kristen did experience a disruption of her regular routine.

She found that her former conception of time became meaningless as she adapted herself to her baby's internal schedule. She saw this adjustment as simply part of being a parent and living with a baby, however, and felt that she avoided frustration by meeting her baby's needs on demand, rather than attempting to force her baby into her own schedule. It seemed that because she saw her baby as a separate person with special needs, which would change as she got older, Kristen found it relatively easy to make this adjustment.

> K: For me, my baby is a person too, and she has her own ways...and that comes out very clear. You learn that about a baby very quickly. And to try and make her into something...you can't do that. You can't force her to go to bed at ten o'clock, because she's not going to go. If you try and make her do things like that I think it's more upsetting. It's easier for me to change to her than it is for her to change to me right now. As she grows older, of course she has to learn that there are certain ways that things are going to be done, but for now, you can't do that.

In addition to having to adapt her schedule to her baby's inner clock, Kristen found that there were certain events and activities she had to forego because of the baby's dependence on her. She saw this as temporary, however, and preferred to be with her baby rather than trying to leave her with someone else. Although she missed canoeing and tenting, she and her husband were learning ways of adapting their outdoor activities to include the baby.

> K: I really miss canoeing because I really enjoy it, but I can't take her in a canoe obviously ...and I can't leave her overnight. So I think canoeing will not be the thing for me to do this summer...but I mean that's only temporary. But I think part of being a parent and being a mother and everything is...well, we know we can't canoe, but we can backpack. You don't have to give up everything...just find alternatives.

It seems that this process of finding alternatives was facilitated by their friends' acceptance of the baby as a part of the social group Kristen and her husband belonged to. In particular, the couple they were closest to was now expecting a baby as well, and the four of them were planning activities they could share as families. Although in some ways their lives had changed, then, Kristen felt that in many respects they were still the same.

Perceptions of Motherhood

Kristen viewed early motherhood as being defined by two distinct components: taking care of her baby and adjusting to her new role as a mother.

> I: What would you say mothering is all about for you?
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> K: Mothering is looking after your child, and trying to ensure that she's healthy and that you can help her develop along. Mothering is also getting used to...like, for me, as a woman, just getting used to being a mother. That's a new role, and just getting used to that.

It is apparent from the preceding description of her experiences of early motherhood that Kristen found her adjustment to the social role of mother to be considerably more difficult than actually mothering her baby. By two months postpartum, however, she felt that she had worked through many of her initial difficulties, and described motherhood as 'satisfying' and 'rewarding'.

In describing herself as a mother, Kristen saw herself as calm, relaxed, and confident, and had felt closely related to her baby since birth. She felt that much of her relaxed manner could be attributed to the fact that she knew a lot about child development and therefore knew what to expect from her baby. She had immediately felt comfortable with the baby and had experienced no difficulty in acquiring the skills necessary for her care. Rather, she described her adjustment to motherhood to be largely a matter of working through her own definition of her role as a mother, and learning to feel that she was doing her job.

At two months postpartum the most important thing to Kristen as a mother was ensuring that her baby was healthy and developing normally. Contrary to her former apprehension that she would lose her own identity if she were to become too immersed in mothering, Kristen felt that she was maintaining herself in a different way through mothering. Although she expected to have more time for herself as her baby became more independent, she was presently content to essentially devote herself to her daughter.

> I: What would you say is most important to you as a mother?
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> K: The most important thing for me? Well, I think it's just making sure that my baby is healthy and growing and developing the way she is, and that she is normal...That's what is most important now. And I think as she grows older and becomes more independent, then that's when I can then think that it's ...me again, and that I can do these things and the things I did...are important. I was talking before about how it's really important to me to retain myself, but I think at this point...I'm maintaining myself, but in a different way...It's not like you have to do something that's totally for yourself.

Summary

Kristen's transition to motherhood was characterized by a process of working through her identity as a mother. The major difficulty she encountered in this process was adjusting to the negative change in status from student to 'homemaker'. She felt she had been unprepared for the isolation of staying at home and the effects this change in social status would have on her self-esteem. It seems that her adjustment to this change required a reevaluation of what was important to her and a corresponding redefinition of the mother role.

In adjusting to her change in status, Kristen found it necessary to continually reinforce herself for what she was doing. Furthermore, she found it helpful to realize she was not confined to the house, and made a point of getting out frequently and resuming her normal activities. It seems that her confidence in her mothering abilities, in addition to her ability to take things in her stride, may have facilitated this process. In any case, by two months postpartum, she felt she had worked through her identification as a mother, and felt good about herself and what she was doing.

Throughout her experience of early motherhood Kristen consistently found caring for her baby to be satisfying and rewarding, and felt that her daughter more than compensated for any difficulties she encountered with the mother role. Particularly pleasurable to her, it seems, was the process of developing a relationship with her baby and sharing this experience with her husband. In general, Kristen appeared to experience her transition to motherhood as a growthful process.

CASE STUDY #6 - VALERIE F.

Valerie's decision to have a child was based on the certainty that this was what she wanted most out of life at this particular time. Because it was important to her to be as aware as possible of the consequences of her choices in life, she had carefully researched pregnancy and motherhood before getting pregnant. She believed that a conscious choice would help prepare her for the realities of being a mother and allow her to make a total commitment to her decision, without being conflicted about what she wanted.

> V: I always think that the two states that are easiest to deal with are complete ignorance, on the one hand, or complete knowledge. In between you get the frustrations. If you sort of choose, but you don't really choose, then you're ambivalent. If you're completely sure of what you want, and prepared, then that's an easy way to be. If you don't know any better, then that's an easy way to be, too. You just accept it...If you're very independent, very individualistic, and you choose to do something, you do it with foreknowledge, and that's a good way to be... for me. That's a value judgement. I'm happy that I was able to make the choice, that I have some control over my situation, and that this is really what I want to do right now. That's what's more important to me than....I don't know...a lot of other stuff.

It seems that Valerie's eventual decision in favour of motherhood was directly related to the personal values she held. She was certain that she did not want to spend the rest of her life pursuing material wealth or academic degrees and it seemed to her that the true purpose in life was relating to people and developing strong attachments. She saw having children as an important part of this purpose and felt that it was one way of fulfilling her own potential as a human being.

> V: I guess there's different values and there's different ways of living life...but I certainly don't want to spend the rest of my life accumulating material goods or more education. That's sort of a dead-end street as far as I'm concerned. The real purpose in life is the human one, and children's just part of that. I don't know...people...

Valerie had worked with children for several years and had always enjoyed them. She found, however, that although she developed satisfying relationships with them, it was difficult to have anything more than a minimal imput into the lives of other people's children. She wanted to have the experience of raising her own children - partly because she felt she would do it differently than most people and partly because she valued strong attachments. She had always been good friends with her own parents and felt that family ties were particularly special. She saw having children as an opportunity to form more of such attachments and looked forward to sharing her life with another person.

> V: I like strong attachments. I have a strong attachment to my husband. So I think, in that sense, I'll enjoy motherhood, in that it provides another person to be strongly attached to, and who is strongly attached to me ...This child will be there forever as my child...That's going to be an attachment that's going to be long-lasting. And I guess, to some extent, I feel that's what life is all about...is attachments to other people... Motherhood per se doesn't mean very much, but having a person who gets to live with me and share things with me, and I share things with this person is going to be, I think, really nice.

Valerie felt deeply affected by the idea of having her own child, but in some ways she found it hard to imagine herself as a mother. She saw herself as a unique, self-determined person and had difficulty identifying with the mother role, possibly because she felt that she viewed motherhood differently from most other people. Because she had a strong sense of who she was and what was important to her, however, she believed she could play the role without feeling personally threatened by how others perceived her. She felt that as long as she had some friends who affirmed her true self, she could immerse herself in her children's needs without losing her own identity. Consequently, she saw the mother role as a mask she could assume when necessary and which had little to do with how she actually experienced motherhood.

> V: There's one nice thing about roles. If you don't take them seriously, they can be a lot of fun...I don't have to proclaim to the whole world the honest truth about myself at every moment, just in order to know that I'm real, because I know I'm real...and therefore I can assume the mask for awhile...My perception of a mother is probably not the same as most people's perception of a mother. But when I'm in public with my child, it doesn't bother me that other people will see me as a mother, the same as they are, because I am what I am, and I don't need their perception of me in order to affirm myself.

Although she didn't identify with the role itself, Valerie expected to enjoy her experience as a mother and the domestic lifestyle related to caring for young children. She believed in experiencing life to the fullest, and because she saw motherhood as the stage in life she was presently at, she planned to commit herself to it totally for at least the early years of her chilren's lives. She realized that this time would pass very quickly and it was important to her to make the most of it and derive full enjoyment from it.

> V: I'm looking forward to being home and playing housewife for awhile..(laughs)...Just another role I can assume for awhile. It's fun. I like cooking supper and keeping things nice and tidy. Not always, but...I don't think I'll do it forever. I won't have small children forever. And that time goes by so quickly, too. Just watching friends with their children and how quickly those kids grow up. You've just got to really enjoy it. If you're going to enjoy it at all, you have to really enjoy it while it's there. You can't say "Well, I'll enjoy it next year when I'm not so busy". You've got to make time, and decide this is what I'm going to do right now with my life, and that's it.

Valerie felt that her own choice to commit herself to motherhood at this time was related to her sense of readiness for this stage in her life. She saw herself as someone who had already experienced many changes and cycles in her life and she felt she had reached a point in her life where she was ready for the particular experience of becoming a mother. She saw having a child as an important part of being a woman and it seemed to her that motherhood was simply another cycle in her life as a human being, and would eventually give way to new cycles and changes. Her feeling that she was running out of time to have children contributed to her decision to have a baby at this particular time.

> I: What decided you to have a baby right now?
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> V: I think I'd always wanted children. It was just a matter of waiting for when I wanted them. And then I guess the fact that I'm getting old here...(laughs)...makes me feel that it's either now or never...Also, I was ready. I'd done many things, and some other things, and our relationship was to the point where we could handle it, I think...I was starting to feel like it was time. There's time in life for all these things and this was the time to have kids. I know it won't take up the rest of my life. It's just another stage...something I'm doing for now.

Before committing herself to having children of her own, Valerie had to come to terms with the current world situation. She saw the world as a basically inhuman place with an uncertain future, and she was very concerned about the effects of pollution and the possibility of a world-wide disaster. Her awareness of environmental issues led her to question the justification of bringing more children into the world. Eventually she resolved this issue by deciding to take an optimistic outlook. She felt that, as an aware and intelligent person, she had a responsibility to contribute to making the world a better place, and she saw the transmission of her knowledge, awareness, and values through her own children as one way of doing this. She reasoned that the quality of life is more important than the quantity and she committed herself to doing what she could to make her family's life a good one. Furthermore, she felt that the nature of her contribution would simultaneously be satisfying to herself.

> V: I almost feel like, if anything, I'm obligated to have children if the world's going to survive. If it's not going to survive, nothing matters, but with what I know, I'm obligated to pass that on to somebody because otherwise, if all of us who know anything give up hope then there is no hope, and those of us who know and are careful and care almost have an obligation to live by that principle. Whether that's having kids or not, or teaching other people's kids, or getting involved in the public scene...you can do it in a lot of different ways, but to me I'd just as soon do it through my own children and then get the satisfaction too, and have both worlds, but I certainly do think that if you have any hope at all for the planet, which is hard to have at times, then you've got to take some positive steps, if life is to be worth living for you.

Once she had resolved this issue for herself, Valerie was no longer concerned about it. Instead, she actively researched ways of physically coping with environmental stress and planned her pregnancy, childbirth, and approach to mothering in ways which she hoped would maximize her child's opportunity for a healthy, happy existence. For instance, she made sure she was nutritionally healthy herself and she planned to breastfeed her baby. Living in a healthier environment was a priority for her, and she and her husband eventually planned to move to a less populated area. Although she continued to worry about the effects of pollution on herself and her baby, Valerie felt that she was doing what she could to ensure that everything would go well, and it was now simply a matter of living from day-to-day and hoping for the best.

> V: Who knows what's going to happen? I just sort of live from day-to-day with getting as much as I can in terms of skills and coping abilities to deal with whatever happens in the future. I don't know. We hedge our bets, but you never know...Before I decided to get pregnant, I read all the horror stories and all the stories about what could go wrong so that O.K., now that I know what I can do to make...well, to hedge my bets to make sure that things will turn out as well as possible. After that I just sort of lived from day-to-day, and now we have to wait and see. We worry, but...

Expectations of Motherhood

Valerie's decision to have a baby was founded on the awareness that motherhood tends to be demanding and difficult. She had had considerable exposure to babies and their mothers and realized that while her children were young she would have little time for herself. She felt, however, that because she had made her decision with that awareness, she would experience less conflict than if she had been unprepared to make certain sacrifices.

> V: Let's face it - Those first few years you don't have much time to yourself. I'm prepared for that. I've thought about it and made that decision...From everything I see and everything I hear, from my own experience with life...like, it's not easy raising kids. It takes your life for a couple of years. Well, even while you're pregnant it determines what you can do.

Although Valerie felt that her own experience of mothering would depend a great deal on her baby's nature, she expected the early weeks to be rather hectic as she and her baby got to know one another. She predicted that there would be times when she felt exhausted, but she anticipated that this would be an interesting time, and she expected that whatever changes needed to be made would be made fairly easily. Because she herself planned to be relaxed and casual about what she was doing, she expected that the baby would adapt easily to their way of doing things.

> V: I'm not planning to make a lot of changes around here and force everyone to live in terms of the child, because the child is going to have to adapt to the family, and we do our own thing. We play music, and so on. If you're relaxed about it, chances are the kid will be, so I anticipate a fairly... oh, there'll be changes, but I anticipate them to be fairly smooth...and interesting. I'm sure I'll have days when I'm exhausted. Everybody does after having kids, but I'm prepared for that...When the baby's first born, they're pretty...well, they don't know you and you don't know them, and things are going to be hectic, but they tend to settle down after a couple of weeks. You establish some sort of routine and rapport.

Valerie planned to deal with motherhood on a day-to-day basis, so that she could cope with whatever difficulties might arise and generally enjoy her experience. She felt that her experience with handling babies would allow her to remain relaxed about mothering and therefore help the baby to stay calm as well. Furthermore, she had planned ways of dealing with the baby which she felt would make the transition easier for everyone. For example, she planned to breastfeed her baby and have it sleep with her and her husband so she wouldn't have to get up in the night. It seems that Valerie's previous decision to commit herself to mothering, and her awareness of some of the difficulties involved, may have helped her devise ways of making it easier for herself.

> V: I think that, in a different way, motherhood will be like the pregnancy. You've got an infant to care for and you've got to live for that from day-to-day. You can't just walk away from it...just like I can't walk away from my stomach. It's there with me all the time and so will the baby be. I expect to be pretty casual about it. I don't expect to worry a lot. I've been around kids a lot and I'm pretty comfortable with babies... pretty casual.

Experience of Pregnancy and Childbirth

Although Valerie was excited and happy to be pregnant, her experience of early pregnancy was marked by ambivalence and stress. She spent the first six months of her pregnancy working at a job in another city, and she found the isolation of being separated from her husband difficult to cope with. The fatigue and nausea she experienced during the first trimester contributed to the stress of working under these conditions and increased her sense of isolation because she felt less desire to become involved with the community. Furthermore, because she had recently had a miscarriage, Valerie was at first hesitant to trust that this pregnancy would turn out well.

> V: Until I was over three months, I was very reluctant to say, "O.K., I'm pregnant and I'm going to stay pregnant". I was sort of saying, "Well, I'm pregnant now and I feel shitty, but who knows it it's going to last", so I didn't even tell anybody at work until the three months were up...So, you can't really make any plans. You can't plan for the baby because you never know if it will last, and you can't not plan for the baby because...it's there and it may stay...so I was really ambivalent.

Although Valerie found these early months of her pregnancy difficult, she never regretted being pregnant and found the various physical changes to be interesting and exciting. She enjoyed the times her husband came to visit and generally managed to cope by living from day-to-day. She was not very happy in her situation, however, and appreciated being back with her husband after her work commitment was over. Here she could share her pregnancy with her husband more fully and was not subjected to the stresses of work.

> V: I wouldn't say I became completely unbalanced over it or anything, but I wasn't happy...so now I just really appreciate being back and appreciate not working...(laughs)...Everything just seems so much nicer.

Throughout her pregnancy Valerie experienced considerable anxiety about her baby and the possibility that it would not be normal. She believed she had done what she could to prevent potential problems, but continued to worry about what would happen if her baby was defective in some way. Although she felt that all mothers must experience this anxiety, she suspected that her own was increased by her awareness of all that could go wrong.

Because she was reluctant to make many plans or decisions involving the baby before she knew it was healthy and normal, Valerie tended not to think too far beyond the delivery. In the meantime, she lived from day-to-day. She was not in a hurry for the baby to arrive, but she did hope it would not be unduly delayed, because she often felt physically uncomfortable. She planned to deliver her baby at home and was busy preparing her house for this event.

Valerie's anxiety about the health of her baby was alleviated when she gave birth to a healthy normal baby girl. As she had planned, she delivered her baby at home,with midwives in attendance. Although she would have liked to have had her doctor there as well, this was prohibited by current medical regulations.

Valerie's decision to have a home delivery was influenced by her view of labour and delivery as a natural process which did not normally require medical intervention. She did not like hospitals and preferred to give birth in the comfort of her own home, where she could feel more relaxed and do what she wanted. She felt confident that the midwives would recognize any complication which might arise during the course of her delivery, in which case she would have gone to the hospital.

In retrospect, Valerie felt very lucky to have been able to deliver at home. Although her labour and delivery were exceptionally long and more difficult than she had anticipated, everything progressed normally and without complication. She found the midwives to be reassuring and encouraging - particularly towards the end of her labour when she felt exhausted and discouraged. She appreciated being able to do things in her own way, without medical intervention, and generally seemed to feel that her experience of childbirth had been greatly enhanced by the atmosphere and environment within which she had delivered.

> V: I had a long transition...five hours. It was really tough. It was really nice to have her at home. At least everything went normally. I didn't have to get carted off to the hospital. In the hospital they would have intervened...I was just exhausted by the end of it, of course, and I had low blood sugar and everything, but at least all through I was never sorry I did it at home.

Soon after the delivery, Valerie and her husband were left alone together with the baby. After they had had a chance to get to know one another, the baby was given a Leboyer bath, and when Valerie and the baby had been bathed and dressed, they were once again left alone as a family. Valerie found this time together following her delivery to be particularly special and she appreciated being able to share this experience with her husband. It seemed that having the baby at home provided a sense of continuity for her.

> V: After the baby was dressed and I was dressed and everything, everyone went home, and there we were just the three of us in bed...It was just so nice to be home and to know that it was over, and you're pretty ecstatic that it had gone well. Exhausted too, but just happy that things had worked out well...(pause)... And she was just wide awake, looking around for a couple of hours...(pause)...So, it was really nice. We just went on from there. We had a lot of company for the first couple of days. Everybody came to see her, and my husband stayed home for almost a week...to help with her.

As well as feeling happy and relieved that the baby was healthy and normal and the delivery had gone well, Valerie was particularly delighted to have a daughter. She had very much wanted a girl, and it seemed to her that she now had everything she had always wanted.

Experience of Early Motherhood

Two months after the birth of her baby, Valerie felt that motherhood was living up to her expectations and she described being a mother as lots of fun. She had experienced no major difficulties thus far and was pleased with how easily the baby had fit into their lives. She attributed this to her baby's quiet peaceful nature.

> V: I like having a baby around. It's great fun. I don't know. It's about what I expected it to be like. I didn't know what she would be like, but I had a pretty good idea of what it would be like to take care of a baby and it's pretty well that way. You're on call, but they sleep a lot, too. She's an especially good baby, I think, so I haven't had a lot of sleepless nights...Compared to lots of babies I've seen she's quite quiet, very well-behaved. Not through any intention on my part. That's just the way she is.

Valerie felt that having her baby at home had had important implications for her relationship with her baby and her related experiences of motherhood. She wondered if her baby's quiet nature was in any way connected with the peaceful environment she had been born into and suspected that because the baby had never been traumatized, she was trusting and secure and had not learned to fear the world.

Because her baby usually cried only when she was cold or hungry and rarely became hysterical, Valerie's own experience was made easier. She felt, however, that even had her baby been difficult more often, the bond of attachment she had established with her at birth would have helped her cope with these times.

> V: I think there's really something to this whole bonding thing, because we got so involved with her following the delivery and now it's like she can do no wrong. She can wake up screaming in the middle of the night...she doesn't anyway,

> but even if she did, there's such a bond there already that we just feel sorry for her, rather than angry at her for being upset. I've felt frustrated at times, when I couldn't help her, but not that sort of feeling..."Oh, kid, you're getting in my way again. I can't do this, I can't do that, because you're screaming"... Like I said, we haven't had a really difficult time...but even if she'd been difficult a lot of the time, I don't think I could have gotten angry, because you just...I don't know...There is nothin like your own child, I guess. You just love them so much.

Valerie also felt that her experience of childbirth had helped her to maintain a perception of her baby as a part of herself rather than as a completely separate being. She saw motherhood as a system where mother and baby are intimately related both physically and emotionally, and it seemed to her that the early months of motherhood were best viewed as a continuation of pregnancy. She saw her baby's evolving independence and separation from her as a gradual process which needed to develop at its own pace. For this reason she tended to relate to her baby as if she were still a part of her.She spent a lot of time holding and cuddling her, shared their bed with her, and met her needs on demand.

Valerie believed that by providing her baby with security now, she would help her build a strong foundation for coping with future stresses. Because she had grown up feeling insecure herself, and had had to learn to trust herself and others, she hoped that by seeing the world from her baby's perspective now she would help to spare her daughter from some of the difficulties she had experienced as a child and an adolescent.

Valerie felt that her daughter's peaceful way of relating to the world and her gradually evolving independence were indications that her approach to mothering was already paying off. Her baby seemed able to communicate her different needs and was already demanding less constant attention.

> V: Most of the time if she wants to be held, I'll hold her...and already I see the results. I couldn't put her down like this a few weeks ago and just leave her in bed, sucking her thumb. She would want to be held unless she was asleep, and then she'd wake up and she'd cry until I picked her up. Now she knows that if she...I'm sure that she knows that if she really needs me, I'll be there. Somehow she knows...Because I've always been there, she doesn't have to be fearful that I won't be.

Valerie seemed to enjoy her baby's complete dependence on her. She loved to hold her and cuddle her and found her ability to satisfy all of her baby's needs to be personally fulfilling. She already missed the dependent stage of a newborn infant, although she seemed to accept her baby's gradual separation from her as a healthy natural process. That it was happening so quickly confirmed for her the importance of enjoying each stage of her child's development to the fullest.

> V: Gradually she's becoming more and more her own person, but it hasn't happened suddenly...I notice that at first I use to nurse her more because I'd nurse her when she woke up, I'd nurse her to put her back to sleep. Now that she's found her thumb, it's almost like... she's getting more independent already. She's ...at her own pace she's making a little more of a break, and that's O.K., although I enjoyed the part where she was nursing all the time, even though I had sore nipples...(laughs) ...but it was just a very fulfilling feeling that here's this little baby, and I can comfort her...and now she doesn't need that as much anymore. That's O.K., but I sort of miss it, too. It was nice. And it makes me realize that gradually she's separating from me, but at least it didn't just happen chop, like that.

Because she responded to her baby's needs as they arose Valerie found it necessary to keep her own time flexible during the early weeks of motherhood. Consequently, her days revolved around the baby's activities. She tended to spend her time interacting with her baby when she was awake and resting while the baby was asleep. She preferred to leave her housework until the evening, when she had more energy and her husband was home to help with the baby.

It seems that Valerie's husband was very supportive of her approach to mothering and enjoyed caring for the baby in the evenings. Valerie did not expect her husband to help out with the housework because she felt she had more time for that. She felt their present system was working out well because it gave her husband time with the baby and allowed her to keep her time flexible during the day.

> V: I had thought it all out beforehand and I had talked all these things out with my husband... how I wanted to do it, and he's very supportive. He's very supportive of her being nursed and he's very supportive of her sleeping with us...and he just loves her. He just dotes on her...so he's willing to put up with any inconvenience...He's really helpful about taking her in the evening. He doesn't help a lot around the house, but then I don't expect him to because I figure if I'm staying home...I have lots of time...It's worked out well... But it's worked out well because I chose to have it work out well, too. It doesn't come automatically.

Although Valerie found these early weeks of motherhood demanding and tiring, she was enjoying her baby and her domestic lifestyle and felt no desire to be doing anything different. Because she believed strongly that a baby belongs with its mother, she had not yet left her baby with anyone else. She realized that many mothers saw this as a problem, but found that as yet she had had no desire to have a break from her baby. She continued to see motherhood as a temporary stage in her life and was determined to experience it to the fullest.

> V: I have no desire to leave her. If I can't go somewhere with her I'd just as soon stay home. I don't know how long you retain that feeling. So far it's been good for me...She's used to my ways and she's used to being nursed on demand and I don't want to disturb her little world by subjecting her to that so soon. They grow up soon enough.

Valerie's commitment to keeping her baby with her at all times had not prevented her from going out often. She had decided earlier that she would not allow the baby to restrict her unnecessarily and at two months postpartum they had already been on a number of visits to friends throughout the province. Valerie found her baby to be no trouble at these times and felt that her ability to pick up and go when and where she wanted had helped make these early weeks much easier for her and prevented her from feeling tied-down.

> V: We're getting around a lot, so that sort of makes things more fun. I'm not just sitting around at home. And expecially since for the first couple of months they're very demanding. They're not on a schedule. They need to be held a lot. They can't amuse themselves yet. They get frustrated easily. They have tummy pains...all kinds of things...so it's kind of nice when you can get around and be with other people and not just sit at home, because then I think I would get bored and tired of it But I have transportation...a reliable vehicle ...so I can go anywhere I want.

Valerie expected to be at home for several more years. She and her husband wanted at least one more child and Valerie planned to breastfeed each of her babies as long as they cared to nurse, because she didn't want to disturb the mother-child system by premature weaning. She believed that physical and emotional nourishment are interrelated and felt that prolonged breastfeeding would help her children cope better with environmental stresses. Consequently, she expected to be physically bonded to her children for several years.

In addition to supplying her children with physical nourishment during their early years, Valerie wanted to be present so that she could provide them with intellectual stimulation and personal interaction. She felt that if she were working full-time she would not feel confident they were getting enough of either. Consequently, she did not expect to return to work until her children were older. She felt fortunate that her husband was willing to carry the full financial responsibility at this time, and thought that if she had to work she would want to do something where she could include the children.

> V: I'm planning on breastfeeding her for as long as she chooses to nurse, which may be several years, and during that time, of course, I won't work. If we do need extra money, I think I would sooner take in another child and babysit another child, rather than have to go to work and leave her with a babysitter...Full-time work would be too much...I don't have the stamina to work full-time and run a house...I don't think I'd have the energy to spend the quality time with them. I really want them to have the quality interaction with me and with their dad...so if he's busy trying to help me keep the house clean he won't have time for quality interaction with them either, and they will suffer.

Perceptions of Motherhood

Although at two months postpartum Valerie felt she was still making adustments to motherhood, it seemed to her that her transition had been relatively smooth. She felt that she had been preparing for and adapting to motherhood long before the baby was born and she saw these early months of mothering as a continuation of that ongoing process. Furthermore, Valerie felt that because she had been prepared for what to expect and had worked out ways of dealing with motherhood beforehand, she had been able to make a total commitment to motherhood in ways which were satisfying to both herself and her baby. It seemed to her that this perspective, and her certainty that this was what she wanted right now, had helped make motherhood an enjoyable experience for her thus far.

> V: A lot of the things I don't see as problems, other people do...A lot of it has to do with your perspective. And I think having a child later in life, rather than when you're still a child yourself, makes a difference. I've done a lot already, so I don't resent being tied-down. I know what it's like to travel, I know what it's like to work, I know what it's like to go to school. It's just that this is what I'm doing right now. I'm going to do it totally...It was a choice...This is where I am right now, and I know it won't last forever, and I just want to enjoy every day to the fullest because she grows so fast.

Valerie felt that her own personality had also influenced her approach to and experiences of mothering. She saw herself as being strong-willed, an independent thinker, and secure within herself. She felt that these qualities allowed her to be assertive to do things her own way and get what she needed, as well as helping her to withstand people's criticisms of her way of doing things.

Although Valerie felt that her experience of motherhood may have contributed to her personal growth somewhat, she didn't feel she had changed since becoming a mother. She felt content and good about herself, but did not see this as a change. She did find, however, that she was able to relate better to other mothers because she no longer felt left-out and envious. She also found it interesting to talk about childbirth and babies, because both topics were currently of interest to her.

> I: Do you feel you have changed at all since becoming a mother?
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> V: No. I'm still me...(laughs)...I'm still just the same. No. I haven't changed _per se_, anymore than I change from day-to-day anyway. I feel good about myself, but that's not really a change. I may have grown some and enriched myself some more by undergoing this. What it may have changed somewhat is my relationship with other mothers. I have more rapport with them now...having gone through it...But no, it hasn't really changed me...I wouldn't say that motherhood has made me a different person.

It seemed to Valerie that although having the baby had not in itself changed her, the entire experience of pregnancy, childbirth, and motherhood had meant getting used to the idea of being a mother. Particularly significant for her was adjusting to the idea of a new person in their lives and she found that this, too, had been a gradual process.

Valerie felt that she and her husband had started adapting to the baby early on in her pregnancy and it seemed that, if anything, the baby had brought them closer together and strengthened the bond between them. At times she had wondered how the baby would affect their relationship and she was pleased that now that she was here the baby did not seem to be in the way at all. In general, Valerie felt that although in some ways her life had changed, essentially it hadn't.

> V: It's just slightly different to have her around...It does change your life, but it doesn't. In a way, it's like...it's the way it should be. It changes your life, but only along the same line...or mine, anyway.

Summary

Valerie experienced relatively few difficulties in adjusting to motherhood. Her major concerns throughout pregnancy were related to her baby's well-being, and it seems this anxiety was alleviated when she gave birth to a healthy daughter. In general, Valerie appeared to derive a very deep satisfaction from her experience of early motherhood.

Valerie attributed the smoothness of her transition to her awareness of what was involved in becoming a mother. She made a particularly conscious and informed choice when she became pregnant and felt fully prepared for what to expect. It seems she was able to avoid many conflicts by deciding beforehand how she wanted to conduct her experience of motherhood.

Valerie's independent personality appeared to play an important part in determining her experience of early motherhood. Her assertiveness helped ensure that she was able to do things her way and also gave her the freedom to get out of the house when she felt the need. In addition, her flexible way of dealing with her baby's needs seemed to lessen the frustrations of caring for a small baby.

The consequences of Valerie's approach to motherhood continually reinforced the choices she had made. Having her baby at home was a satisfying experience for her, and also seemed to significantly minimize any sense of disruption in her life. In addition, Valerie's way of dealing with her baby was strongly reinforced by her daughter's quiet peaceful nature. She quickly developed a close attachment to her baby and seemed to find this relationship very satisfying and rewarding.

CASE STUDY #7 - SUSAN N.

For Susan, becoming a mother signified becoming an adult. Most of her friends had children, and she felt that having a baby herself would bring her up to their level. Furthermore, she saw children as a lifetime responsibility and it seemed to her that the necessity of putting someone else before herself required sacrifices which were forcing her to grow up. Because she had learned to think of others from her experience of growing up in a large family, she felt that she was ready to accept this responsibility.

> S: I feel like being a mother is extending part of me...like, it's making me grow up in a way that you just can't grow up until you're a mother. I don't know what it does...I think within yourself it forces you to grow up because of all these things. You're forced into doing things that you never ever come across in life...like sacrificing part of your life for another person. Like, I'm not saying I'm sacrificing my life for this kid because that's not how I feel...But the initial sacrifice that you have to face...it forces you to grow up because it forces you to become someone that's interested in something else other than yourself.

Susan saw her responsibility as a mother to be to provide her child with a basic sense of security which would allow it to develop into a full person who was responsible and capable of facing life. It seemed to her that growing up in today's society was particularly difficult and it was important to her to love and give to her children so that they felt loved and secure and free to develop in their own ways. Susan took this responsibility very seriously and intended to make her family the centre of her life in order to ensure that her children received the attention they needed.

> S: I think it's important for a kid to have a close family while they're growing up. Especially now. There's too many kids who are looking for something because they've never experienced it in home life, so they're out searching for all this stuff. Kids now... it almost seems like parents are too busy to give the kids the attention they need to create a strong person...Kids should be the center. After all, you're creating a life. They're going to grow up to be adults... They're going to be the people controlling the world in thirty years...and you can't expect them to do it all on their own.

Expectations of Motherhood

Late in pregnancy, Susan was looking forward to motherhood as an exciting challenge. She had always wanted a child of her own; ever since she could remember, she had longed for the lasting closeness she hoped to find in her relationship with her child. Although she saw all children as special people and had always enjoyed interacting with them, Susan expected to find her involvement with her own child to be particularly rewarding because she would be a part of its life right from the beginning. The fact that she had had several previous miscarriages and had had to face the possibility that she might never have this experience, made this baby seem particularly important to her.

> S: In this stage of the game, having a baby means a lot to me...It's pretty important to me. I wanted kids when I...even before I was married, I wanted kids...all my life ...Then when I could never have kids, it kind of...it was really depressing. Then they told us we could never have kids. A couple of months later I got pregnant... so it's really important.

Susan saw herself as a very giving person and felt that motherhood would provide her with a further opportunity to offer herself to another person. She believed that her ability to love others and give without limit would make her a good mother and she expected to find this experience fulfilling.

In addition to contributing to her child's development by sharing her own knowledge and experience, Susan expected to learn a lot from her child in return. She valued the fresh perspectives children had to offer and particularly looked forward to relating to her child once it had learned to talk. She anticipated that relating to a dependent baby would also be a valuable learning experience, however, because she felt that the sacrifices required in caring for a baby would draw out parts of herself she was not normally aware of.

> S: I think being a mother is going to be pretty exciting. I hope it is...(pause)...I don't know. I'm looking forward to it. I might be crazy, but...(laughs)...I don't like babies as much as I like kids. I'm not that fussy about babies...(laughs)...That sounds awful to say, but I'm not that into changing diapers...
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> I: So what do you think it's going to be like for you...the first few months, or whatever?
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> S: Well, it will be good for me, because I think it will draw me out a little bit. It will make me reach out to a little thing that can't talk or can't do anything, and just constantly reach out to that baby...to love it, and... I think that there's things in me that will come out when I have the baby to relate to... and having to kind of sacrifice a part of my life to that little kid...getting up at night and being tied down to a certain extent. I think it's going to help draw some stuff out of me that I've never really known was there. That could be wrong - I don't know.

It seems that Susan saw self-sacrifice as an integral part of becoming a mother. She had had a difficult pregnancy and felt that she had already had to sacrifice a part of herself for her child. In addition to having to adjust to the changes in her physical appearance, Susan felt that her enforced inactivity had required her to sacrifice her image of herself as an active outgoing person. Although she was uncertain what sacrifices motherhood itself would require, she felt that her experience of pregnancy had prepared her to some extent, and she felt willing to do whatever was necessary in order to meet her baby's needs.

> S: There's just a lot of things, just going through pregnancy, where you're learning to sacrifice, and I think that makes it easier for when we have that baby. I'm not afraid at all of having it. I'm not afraid of myself, and how I'm going to react to it, because I already feel like...I'm willing to sacrifice whatever I have to sacrifice for this baby. Like, if it means staying up all night, or 24 hours a day for 3 weeks, then something is going to have to help me do that, because I'm willing to do it as long as I can hold out.

Although Susan felt that her pregnancy had taught her much about self-sacrifice, it seemed that she had first started learning to make sacrifices from her marriage. She found that during the early years of her married life she had had to work hard to find out who she was, and during this process had struggled to become less selfish. It seems that the conflicts this presented for her relationship with her husband were difficult for them to deal with, but Susan felt that the difficulties they had worked through together had brought them closer together and given them a solid base to build a family on.

> S: When I got married, I still had a lot of things I wanted to do and stuff that he wouldn't get into, and for a few years it was really hard on me. I thought, "Screw

> you - why did I ever bother? I'm not willing to make this sacrifice"...so it was really hard on us for a few years. It was mainly me, because I was struggling with myself...finding out who I was and working with myself and trying to change things in me that I didn't feel were really right...that were selfish, or whatever. I don't know...in a lot of ways the hard parts that we had drew us closer together. They drew us closer every time it worked out.

Although Susan saw motherhood as an opportunity for personal fulfillment and self-expression and seemed willing to sacrifice whatever was necessary for her child, she did not want motherhood to become her entire life. She was a very artistic person and had learned that creative expression played an important role in helping her feel good about herself. She seemed to regret not having had the opportunity to pursue a formal education in the arts, but had developed ways of satisfying her need for creative expression and planned to pursue different projects following the birth of her baby.

> S: I think that every mother has to...you can't just have a baby. A baby is never going to be fulfilling enough to a mother as far as life goes. I think you need other areas to express yourself and to be creative, but at the same time, you have to compromise...Just because I have a kid, I don't want to think that I have to all of a sudden drop out of the picture for the next ten years...I don't know if I'll ever go to school, but I found out a few years ago that it's very important to me as a person to express myself in any way that's challenging to me...like, to tackle something, to follow it through, to do my best, and to see the finished result. Otherwise I start feeling inferior to people, but when I'm on top of it and when I'm being creative, I never feel inferior to anybody.

Friends had cautioned Susan that she would have little time for anything but the baby for the first few months of its life. Although she was willing to make many compromises, she felt that it was important to at least keep her house in working order, so that she could feel good about herself and not come to resent the baby. Consequently, she was developing ways of getting household tasks done quickly in order to have lots of time for her baby and simultaneously avoid the frustration of an unkempt house. Susan planned to adapt her own activities to her baby's schedule and felt that as long as she was flexible she would be able to manage both the baby and her house.

> S: I decided that something I can't sacrifice is my house. I can't live in a supermessy house...I've just started figuring out quick ways to do things so that I feel good about it, and when my baby comes...I don't want to feel like..."Oh, it's your fault my house is a mess". I want to have it... where I'll do this much, so I can live with it, and then inside I'll feel relaxed and I won't take it out on my kid.

Experience of Pregnancy and Childbirth

Susan had a difficult pregnancy and was required to spend much of her time in bed. Because she had had several previous miscarriages and never felt sure that she would keep this baby, she found it difficult to get excited about her pregnancy during the early months. She felt more excited after the first five months had passed, but she continued to worry that she would deliver prematurely, or have a deformed baby, and found that the weeks dragged by very slowly. During this time, however, she enjoyed the relationship she was developing with her baby, and when she was feeling good she became excited about her pregnancy.

> S: Babies are pretty neat. You kind of feel like you know them before they're born... Like, we talk to it, and when I'm home all by myself here I kind of feel like I'm not alone. I's kind of neat that way, because you feel really bonded to the baby...You just wish that it could come out and visit you...(laughs)...It's like somebody sitting in a room with the door closed for months, and you just wish you could see them and talk to them. It's kind of neat.

Susan found that because of the physical difficulties she was having these months of relative inactivity involved a painful process of dealing with her own negative feelings about herself and her experience of pregnancy. She saw herself as her own worst enemy during this time and found her struggle to experience her pregnancy in a more positive light - whatever the outcome - to be the most difficult part of her pregnancy.

> I: What has been the most difficult part of pregnancy for you?
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> S: ...(pause)...Me. I think I've been the most difficult thing. I've had to reevaluate so many things and deal with so much in myself that I've never looked at before. I was my biggest enemy and I was the one that had to straighten out before I could accept this as a really exciting thing.
>
> I: In what way were you your own worst enemy?
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> S: There were so many things in my mind...negative things, and finally I had to start dealing with those things and get rid of them... I had set things up in my mind...to be on the defensive, so that I couldn't be positive and really accept it as the joyful thing that it's supposed to be.

In dealing with her negativity and converting her pregnancy into a more positive process, Susan found that she was able to draw on her past experiences in life. It seemed to her that she had had a relatively difficult life and she did not see life as being necessarily fair. Because it was important to her not to become bitter about her life, she had learned to find meaning in her different experiences, whether they were happy or sad. By the end of her pregnancy, therefore, Susan felt considerably more positive about having a baby and felt that it was up to her to make what she wanted out of her experience.

> S: I think it's pretty exciting. And it will be...having a baby and doing anything in your life will be only what you make it. If you make it neat, it will be neat. If you make it a bummer, that's what it will be. It all depends on us. That's what I believe.

Susan felt that the support she had received throughout her pregnancy had been very helpful to her in resolving her difficulties. Her doctor, friends, and family had been very positive and excited about her pregnancy and she found that this helped her to maintain a positive outlook herself. At times she felt uncomfortable to be receiving such support, however, because she felt that ultimately the responsibility of her child was hers and she had to be ready to cope with that herself when there was no one there to help her out.

> S: People have been really really good. It's kind of nice. It makes me feel awkward sometimes though...It's great - support is wonderful, but if it's not there, you have to be in a space where you can handle it.

Susan felt that, to some extent, she had changed during the course of her pregnancy. Her concern for her baby had diminished her preoccupation with herself. Whereas she had formerly been very conscious of her physical appearance this now seemed less important to her and she grew more accepting of herself. Furthermore, because she placed more value on taking care of herself, she had become more assertive about getting what she needed and less inclined to allow herself to be 'walked on' by others.

> I: Do you feel you've changed at all since you got pregnant?
>
> S: ...(pause)...I think I'm firmer...like, not so wishy-washy...(laughs)...I used to give in to people all the time. I was always doing things for people...whether I wanted to or not...Being pregnant forced me to change that part of me. It forced me into saying no, and to kind of stand up for myself, because all of a sudden I felt responsible for this baby, and it was more important that I slept than that I did a favour for Joe Bloe, so that they like me, kind of...

Susan had a difficult delivery, which she described as 'painful' and 'disappointing'. Contrary to what she had learned to expect in prenatal classes, she found herself unable to control all her contractions and felt badly when she had to ask for gas to help her through them. She found her labour to be particularly discouraging, because in spite of the intensity of her contractions, her labour was very slow to progress. Furthermore, she was very tired from lack of sleep.

Susan was given an epidural when she encountered complications in her labour and at this point she lost interest in what was happening, because it seemed to her that things had gone completely beyond her control. She felt that she had done a 'lousy' job, and this was very upsetting to her until it was later explained to her why the doctor had intervened as he had. Although she felt better once she understood that she had required a forceps delivery because her baby's heart rate was down, Susan felt that her experience would have been much easier for her if everything had been explained to her at the time it was happening.

> S: My hardest thing was I didn't know what was going on...Nobody told me what they were doing. In our prenatal classes I had understood that you only get an epidural if you want one...so when they gave me that, I felt like I was really screwing up. I thought I must be really doing lousy, and I just kind of lost interest in the whole thing. I had a feeling that something was going on, but I didn't know what...until a few days later I asked my doctor about it and he explained it all to me...but up until then I was really kind of wiped. I thought that I had just screwed up royally...I thought that I just hadn't handled it properly.

Susan found the days immediately following her delivery to be far more exciting than the delivery itself - especially once she had had some sleep. She felt very sore and tired, however, and until a friend assured her that she wasn't expected to feel too spry just yet, she felt somewhat disappointed that she didn't feel more like 'running around the halls'. She found it helpful to share her experiences with other mothers at this point and learn that her physical discomfort was typical, rather than unusual.

In summary, Susan found her experience of childbirth to be very unpleasant and counter to her expectations. Although at two months postpartum she felt she would be willing to go through it all again in spite of this, it seemed to her that she would have been less disappointed if she had expected childbirth to be difficult, rather than easily managed.

> S: I wasn't that impressed with labour. It hurt. It's really painful, and in your classes they say that you can control it with your breathing and stuff. I don't know if that's true, unless you totally leave this world, but I tried really really hard to do my breathing and some of those contractions were just unbearable. They just got out of my league. Like, I couldn't do anything about them...and they were so close.

> They were just right on top of the other... I was disappointed in the whole thing, because I had this idea going to my classes that I could control it all. Like, I didn't have to depend on anybody - it was my bag... It was really disappointing.

Experience of Early Motherhood

Susan found taking care of her own baby to be even more enjoyable than she had expected, and at two months postpartum she described motherhood as the neatest thing that had ever happened to her. She particularly enjoyed watching the changes her baby was going through, and seemed to find his increasing responsiveness to her to be the highlight of his day-to-day care.

> S: The best part of being a mother is watching them change, I think. Like, you look after them...you bathe them and change them, and that's just a routine...but the changes are not routine. The first month they don't change that much. They pretty well sleep all the time. Then all of a sudden, every day they start changing and they start doing different things. They start looking at stuff...or when he first started talking and cooing...that's the most rewarding or exciting. They're relating to you, or reaching out to you.

Susan found her baby to be basically good-natured and relatively easy to satisfy. For the most part she enjoyed meeting her baby's needs and she felt that she must be doing a decent job of mothering because he seemed content and happy most of the time. Although she occasionally felt frustrated or annoyed with him for fussing, she usually found that even when she was very tired, she would find the strength to see her through. She saw her baby's dependence on her as a natural part of the mother-child relationship, and it seems that this sense of her baby's need for her helped her deal with these frustrations.

> S: Most of the time it's O.K. meeting his needs. Sometimes I'm really tired...no, I don't even think I react then. You just get a burst of energy, or something. I've only gotten frustrated with him once, and that was when he was screaming and screaming and screaming, and I didn't know what was wrong with him...All of a sudden there's another life that's dependent on you, and you have to readjust your lifestyle, kind of. Or, we've been invited out to dinner and he's not feeling good or something, and ...I have to cancel...and you don't care about doing it...He's more important...You know that your baby...he needs you, and those other people...you can see them anytime.

Perhaps in response to this readjustment of her priorities in life, Susan found that during these early weeks of motherhood she was very preoccupied with herself and her baby. Because her baby invariably responded negatively to her own fatigue and frustrations she felt that it was only fair to him for her to keep on top of things both physically and emotionally. Consequently, in addition to taking care of her baby she was busy trying to meet her own needs and she sometimes found this difficult to do.

> I: What would you say is most important to you as a mother at this point?
>
> S: What's most important? I don't know. Just being there for my baby, I guess. Being around when he needs me...(pause)...Not getting frustrated...like, not letting myself get rundown or tired, so that things bother me and then I put it off on him. I don't want to put off my own feelings and stuff on my baby. I don't think it's fair...I think it's a mother's responsibility to make sure that she's on top of things. I think it's only fair to the baby. I try a lot harder to control my emotions than I've ever done...and just keeping it together...Sometimes it's hard.

Although she sometimes found it difficult to keep her emotions in check, Susan was devising ways of avoiding frustration. She was becoming more sensitive to her emotions, so that she was better able to deal with them as they arose. Furthermore, she was now aware of her baby's fussy times and made an effort to distract him and deal with him so that she could minimize her own frustration.

Susan found that her involvement with herself and her baby left her little time or energy for anything else, and it seemed that in some ways this presented problems for her. Whereas she had been accustomed to spending a lot of time helping people with their personal problems, she no longer felt willing or able to do this. Because she was currently preoccupied with her own world, it was more difficult for her to relate to other people's problems. Instead, she felt a need to share her own experiences with people who could understand and accept the feeling she expressed. Although she found some people helpful in meeting this need, Susan was often frustrated by people's apparent lack of interest in relating to her and her experience as a new mother.

> S: You'd be surprised the number of people that get tired if you talk about your baby...There's some people who love to relate to you and your baby, and there's other people who just aren't interested, and I think it's not that good to be around the people that aren't that interested, because all it does is frustrate you so bad. Like, people will come over and when they've left, I've just cried and cried and cried for a couple of hours, just because of their input...All they wanted was company and a dinner, but they weren't interested in relating to me where I was at...They weren't even bothering to relate to me.

In addition to having less time to spend on other people's problems, Susan found it frustrating that she seemed unable to manage her housework along with her attendance to her baby and herself. She had a low tolerance for an untidy house, and yet found housework time-consuming and very tiring. Although Susan felt that she had mellowed since the baby was born so that the condition of her house was less important to her, she described this as a difficult adjustment and felt that she had not yet found a satisfactory solution to this problem.

> S: My hardest thing, I think, is my housework. I always like to have my house together, and...it's really hard to get everything done. It seems like if you do everything you're supposed to do, then you just get worn right out, but if I don't do it, then I get mad at myself for not being able to keep it all together...I just can't stand messes and I can't stand it when I'm not organized enough to sort of figure something out...and I'm always apologizing all over the place.

Although Susan did find that her baby took up more time than she had expected, she did not blame him for keeping her from her housework. Rather, she tended to feel that it was the constant stream of visitors through her home that prevented her from getting her work done. She seemed to feel conflicted between her need to be a good hostess and her need to take care of her baby and herself, and although she felt she was becoming more assertive, she described 'dealing with people' to be one of her most difficult adjustments to motherhood.

Susan interpreted people's insensitivity to her needs as a resentment of her baby and the fact that she finally had what she wanted. She found this sentiment difficult to understand, since she had expected her friends to relate to her as they would to any new mother, and felt she had enough to deal with without having to cope with people's reactions to her. Her feeling that her first responsibility was to her baby left her with little patience for people's insensitivity and she found it better to avoid those people she felt were 'reacting' to her and her baby.

> I: What would you say has been most difficult for you since your baby was born?
>
> S: My most difficult thing was dealing with people...(laughs)...That's my hardest thing, because you have enough to figure out. I think a mother has enough to figure out with her baby, with herself. She's different. Your body has changed so much. It's gone through such a traumatic thing. Your emotions have gone through a big thing. Then you have a baby. You have enough things to bother with, without having to bother with people's reactions, unless they're positive...It's really hard to have people around that aren't trying to flow along and be sensitive to what's going on in your life...Your baby needs his mom to be on top of it emotionally and physically, and I don't think it's fair to put your kid through that, either.

In making these various adjustments to her new life, Susan felt that in many ways motherhood was more difficult than going out to work had been. She often felt lonely and missed the social contacts her job had provided. In spite of this, however, she preferred to stay home. Her previous job had been very high-pressure and since quitting she had felt much more relaxed and in touch with herself and her husband. It seemed to her that she would not have the energy to cope with her baby in addition to a full-time job. Furthermore, her feeling that her baby needed her, and her desire to experience his daily progress convinced her that she would like to stay home for at least the early years of her baby's life.

> S: Unless a real tragedy happened, I wouldn't leave him until he's in kindergarten, or something. I can't see myself doing it...

> In a way, it would be easier for a mother to leave a baby and go out to work than to stay at home and raise them, because you run into little things and they're changing all the time and it's hard to figure it out. It's not as though we're on a holiday and you get to stay at home all the time, but I would never want to leave them and go to work, because I think that you really miss out on their whole life...and the times that they saw you, you'd be at a higher frustration level, and you wouldn't be as relaxed as you are in the home, just looking after them.

At two months postpartum, Susan felt she had enough to keep her busy for the time-being, but planned to do part-time work out of her home once she got more organized.

Perceptions of Motherhood

Susan felt that, as a mother, she was responsible for her baby's life, and it was important to her to nurture him and help him adjust to life and develop into a full person. She found that, in spite of the adjustments this responsibility had demanded of her, she did not see her baby as a burden, and felt willing to make him her top priority in life.

It seemed to Susan that it would have been easy enough to feel inconvenienced by her baby, but she and her husband had waited so long for him that they wanted to make the most of it. Susan felt that, as a consequence, they were both intent on enjoying their experience of parenthood.

> S: It's not like our life revolves around him, because we do other things, but it's like if he needs us, that's our top priority, and people say they can't believe how content we are to stay at home...Like, we waited so long for this little guy that I think we just want to enjoy him while we can...while he's here,

> because it's not long before...they don't need their mom and dad all the time.

Susan felt that her realization that it would be necessary to make certain sacrifices for her child had made it easier for her to focus on the positive, rather than the negative, aspects of her experience. It seemed to her that letting go of her past lifestyle had allowed her to focus on her enjoyment of her baby. She saw this as particularly important since she felt that babies were much too special to be seen as an inconvenience at any time.

> I: What's been most helpful to you in adjusting to the changes in your life?
>
> S: ...(pause)...I don't know...(pause)...Well, just the idea...that you have to let go of your independence. You've got to give up a part of your life for a time, and just dedicate your...whatever...your time to your child...That's probably been the thing that's made it the easiest...was both of us just letting go of...our social life, or whatever, and just enjoying having a little baby around.

Susan found that the experience of relating to someone she saw as more important than herself had changed her way of looking at things. It seemed that in some ways it had provided a focus for herself and for her marriage. She felt unsure of where she would have invested her energy if she hadn't been able to have a baby. Furthermore, it seemed to her that the baby had drawn her closer to her husband by providing them with a common interest to share. Her husband was very involved with the baby and spent more time at home now, and Susan felt that having a child had bonded them together in a special way.

> S: I'm thankful we had him because I think we would have gotten pretty bored...It's almost like you don't know what to do...You think, "What am I going to do if I don't have kids?

> Where am I going to put my efforts? Where am I going to reach out and exert myself?"...Like, you love each other and everything, but there's nothing there that's strong enough to get both focuses, just to grab your attention and keep you together in the same kind of way. Like, my husband wasn't interested in my work, and I wasn't interested in his work... We got along really good, but we just didn't have anything in common...but now we have the baby.

Summary

Susan's transition to motherhood involved a process of dealing with her negative feelings about herself and her situation and accepting the sacrifices which becoming a mother involved. Her difficult pregnancy, in particular, aroused negative feelings which she found she had to overcome before she was able to enjoy her experiences of pregnancy and early motherhood. It seems it was this eventual acceptance of the sacrifices involved which facilitated Susan's adjustment to her pregnancy and early motherhood.

The difficulties Susan experienced as a new mother may have been related to her high expectations of herself. Although she felt her priority during these early weeks was to tend to herself and her baby, these needs seemed to conflict with her need to have a clean house and entertain her numerous visitors. People's apparent insensitivity to her needs intensified this conflict and created considerable frustration for her.

In converting her negative feelings to a more positive outlook, Susan seemed to rely on her past experiences and the support she received from others. This process was facilitated, it seems, by the high value she placed on having a child and being a good mother. Furthermore, once the baby was born, Susan actively developed ways of organizing her time and energy to avoid frustration.

Susan entered motherhood with very high expectations of her future relationship with her baby and it does not appear she was disappointed in any way. She enjoyed his dependence on her and found caring for him satisfying and rewarding. Possibly because she had once expected never to have a child she was particularly determined to value her time as a mother. In any case, Susan seemed to find motherhood gratifying and fulfilling.

CHAPTER V

DISCUSSION

The case studies presented in the preceding chapter described seven women's subjective experiences of becoming a mother for the first time. Set within the personal context of each woman's perceptions of herself, motherhood, and her current situation, these profiles highlighted the uniqueness of each woman's experience and the different meanings it had for her. At the same time, however, these experiences are linked by a number of common themes, forming a structural pattern which contributes to a more general understanding of how women are affected by becoming mothers. The purpose of this chapter is to review this pattern and discuss its theoretical and practical implications.

An analysis of the difficulties and satisfactions experienced by the women in this study reveals a pattern comprised of three major themes. First, becoming a mother meant assuming new responsibilities. Second, it meant a change in social status. These two components of the transition to motherhood presented the most difficulties to the women in this study. Finally, becoming a mother meant developing a relationship with a new person - a process which was a major source of satisfaction to these women. These difficulties and satisfactions are reviewed in the first two sections of this chapter. The chapter concludes with a discussion of the theoretical and practical implications of these findings.

DIFFICULTIES RELATED TO BECOMING A MOTHER

Responsibilities of Early Motherhood

Most of the women in this study described caring for their babies as a demanding full-time job, and it seems that coping with the responsibilities of early motherhood challenged the resources of all but one or two women. Particularly stressful, it seems, were the intensity of their babies' demands and the restrictions this imposed on their life-styles. The attention required by mothering left little time or energy for other activities - including sleep - and contributed to feelings of fatigue, frustration, and negativity.

These two components of early motherhood - coping with the demands of the baby and simultaneously adjusting to the restrictions in life-style imposed by this task - presented different difficulties to different women. Mary, for example, who had no experience with babies, initially felt anxious about meeting her baby's needs, and was particularly stressed by this responsibility until she gained more confidence and became better organized. Pam, on the other hand, was overloaded with additional responsibilities during this time and had difficulty coping with her combined responsibilities. Although she represents an extreme case of responsibility overload, the frustration of not having sufficient time for meal preparation and essential housework was a concern for other women as well.

For most of the women in this study the assumption of full responsibility for the care of their babies meant a restriction of their normal activities; for some women, this required a major adjustment. Kristen, for example, described 'staying home' as her most difficult adjustment. Although she had few problems adapting to the demands of her baby and did not find this responsibility either stressful or difficult, she missed the stimulation and social reinforcement provided by adult contact, and felt she had been unprepared for the isolation of staying home. Similarly, Mary and Susan described the loneliness of being alone for long periods of time. These women's experiences suggest that the responsibilities of mothering an infant are made more difficult by the working conditions of this job.

Karla experienced the restriction of her lifestyle in a different way. Although she did not feel lonely, she expressed frustration and concern about the narrow focus of her present life. She was accustomed to a wide variety of stimulation, and found her intense focus on motherhood during these early weeks somewhat uncomfortable. This feeling of becoming too narrow was also expressed by Kristen. Although these women were not apparently bored by mothering, they felt a need to maintain contact with the outside world and had difficulty meeting this need, at least initially, due to their intense involvement with their babies.

Change in Social Status

Women's concern about becoming too narrow and focused as mothers may reflect an ambivalence related to their change in role. For most women in this study, the assumption of full responsibility for the care of their babies meant a change in social status from members of the work force to full-time mothers; the meaning of this transition was a common source of anxiety and conflict.

Conflict about the change in status invoked by having a child appeared to take a different form during pregnancy than in the postpartum period. During pregnancy, women's ambivalence about the mother role seemed to stem from a growing awareness of the sacrifices required and a reluctance to give up everything of importance. They tended to view the mother role as personally confining and were concerned about becoming boring to others, as well as to themselves. Both Kristen and Mary, for example, expressed a concern about becoming totally immersed in the mother role, and emphasized the importance of maintaining an identity separate from their mothering responsibilities. Similarly, Susan and Pam felt that motherhood was not sufficient to fulfill their needs for creativity. Whereas Susan planned to pursue different projects in order to meet her needs, Pam chose to resume her career after her baby was born.

A common concern during pregnancy, then, was a fear of being overwhelmed by the mother role. These women seemed to feel that a total involvement in this role would threaten their personal identities by undermining their own needs. In several cases, however, the transition to motherhood subsequently entailed a shift in priorities which reduced this conflict between their own needs and their role as a mother. Mary and Kristen, for example, both described how their priorities in life had changed since having their babies, so that motherhood had assumed greater importance and they felt less need to be doing something different. Similarly, Pam found motherhood more fulfilling than she had expected, and Susan underwent a process of accepting the sacrifices required, so that by early motherhood this no longer seemed to be a conflict for her.

These women did not apparently resent the need to immerse themselves in their babies' needs. Rather, it seems that as they became directly involved with mothering they found that it was not boring and felt less need to be doing something else. For most women, however, this was tempered by the realization that their babies' complete dependence on them was temporary. Their increased identification with the mother role, therefore, may represent a temporary response to the needs of their babies. In any case, it did seem to serve an adaptive function during these early weeks by reducing conflict between women's need to care for their babies and their need to maintain a separate identity.

In spite of the shift in priorities experienced by many of the women in this study, the change in status accompanying the transition to motherhood continued to provoke some degree of conflict during the early postpartum weeks. It seems that this conflict was related to the low social status of the mother role. Although women found that motherhood was not boring, as they had feared it might be, they continued to view the mother role as somehow unimportant and had to deal with the fact that this was now their main occupation. Kristen, for example, found that although maintaining an identity separate from her baby was no longer an issue for her, she had to contend with her feelings of low self-worth associated with her low status as a mother. She felt less important as a mother than as a student or as a member of the work force and found that feeling good about herself in the mother role involved a difficult process of reevaluating her role as a mother and reinforcing herself for what she was doing. Similarly, Brenda expressed some resentment of the pressure she felt to be more than 'just a mother'. It seems that in spite of the rigorous demands of their work as mothers, these women had difficulty valuing their work as important. Although women showed an adaptive tendency to identify themselves with their babies' needs, therefore, this process is apparently inhibited by the low social status of the mother role.

Summary

The major difficulties encountered by the women in this study were related to the responsibilities of their new role and the change in status this entailed. In addition to sometimes feeling stressed and fatigued by the demands of their babies, these women often felt frustrated by their inability to accomplish other tasks. The restrictions these responsibilities imposed on women's activities contributed to feeling of social, as well as physical, isolation from the outside world. The ambivalence created by these difficulties was intensified by the low social status of the mother role.

Not all of the women in this study encountered difficulties in making the transition to motherhood. Both Valerie and Brenda seemed very comfortable in the mother role; they found their responsibilities relatively easy to cope with and did not experience their lives as being overly restricted. Other women experienced varying degrees of difficulty. An analysis of women's perceptions of the transition to motherhood suggests that the extent to which difficulties were encountered during this time is related to the context of their experiences. In particular, women's perceptions of motherhood and the support they received emerged as important themes in influencing their responses to motherhood. The findings related to these themes are outlined in the following section.

The Role of Context

Perceptions of Motherhood

Women's perceptions of motherhood provided a context for their experiences of the transition to motherhood in the sense that these perceptions were related to both their expectations of motherhood and their expectations of themselves as mothers. In turn, these expectations seemed to influence women's experiences of this transition. Most notable in this regard was the conflict created by the discrepancy between women's expectations and the realities of being a mother.

Several women seemed unprepared for the extent to which mothering would consume their time and energy and subsequently experienced the early weeks of motherhood as a shock. Mary and Pam, for example, found these early weeks relatively difficult; both these women had expected their babies to consume relatively little time and were shocked by the intensity of their babies' demands and the amount of attention required for their care. Kristen and Mary found they had to adjust to the realization that motherhood did not mean they would now have time to pursue different projects. In Pam's case, however, the discrepancy between her expectation of motherhood and the realities she experienced was particularly critical. Whereas she had planned and expected to be able to manage her job and her housework in addition to her mothering responsibilities, she found that she was unable to cope with these responsibilities to her satisfaction.

The conflicts created by the discrepancy between women's expectations of motherhood and the realities of their experience is perhaps best highlighted by the experiences of Brenda and Valerie. Both these women had carefully considered the implications of motherhood and seemed more fully prepared for the demands and restrictions this would bring, so that the early weeks of motherhood did not come as a shock to them. It seems that this awareness prepared them for the sacrifices required; in any case, these women experienced relatively little conflict during early motherhood. However, the fact that Karla felt she had been unprepared for the intensity of early motherhood in spite of the realistic expectations she had had suggests that this is only one factor influencing women's experiences to motherhood. The temperament of individual babies is probably particularly important, since some babies are more difficult to care for than others, but this is difficult to say because all these women saw their babies as being 'good'.

It was earlier described how some women felt frustrated by their inability to accomplish what they expected of themselves from day to day. In some ways, it seems that this difficulty was related to their high expectations of themselves during this demanding period of time. Pam, for example, was continually frustrated by the difficulty she experienced in integrating her mothering, career, and household responsiblities. Susan and Karla were similarly exasperated by their inablility to complete their housework from day-to-day. These women found it helpful to lower their expectations of themselves in order to feel satisfied with themselves. In contrast, although Pam realized she was expecting too much of herself, she found it difficult to lower her expectations.

The conflict and stress Pam experienced may have been related to her perception of mothering as primarily her responsibility. She resented her husband's lack of assistance, but was reluctant to share her responsiblity with anyone else. Similarly, the other women in the study also saw baby care as their responsibility and did not seem to expect much assistance from others, including their husbands. This perception of baby care as their sole responsibility may have contributed to the fatigue and frustration some women experienced by stimulating them to assume more responsibility than they could comfortably handle. It is difficult to say how and where women derived these expectations, but it seems likely that they are related to the social myth that mothering is a 'natural' function of being a woman and therefore should not present difficulties.

The role of this social myth in causing conflict for women is further reflected in women's high expectations of themselves as mothers. Karla, Pam, and Susan, for example, all mentioned feeling badly when they felt frustrated with motherhood and/or resentful of their babies. Although these women accepted that they would sometimes feel negative about motherhood, they seemed to feel guilty at these times. Similarly, Mary found it necessary to expect less of herself as a mother so that her life was less disrupted by her mothering responsibilities. Initially she felt guilty when she did not attend to her baby every minute, but gradually realized that, at least to some extent, her baby would have to accommodate to her as well.

It seems that the extent to which women encountered difficulty with the early weeks of motherhood was also related to their ability to meet their own needs. Although they did tend to identify their own needs more closely with those of their babies during this time, several women emphasized the importance of taking care of themselves so that they were able to feel positive about motherhood and enjoy their babies fully.

To some extent, women's ability to meet their own needs seems to have been related to their perceptions of the mother role. Karla, for example, saw the mother role as only part of her identity as a woman. Although she was temporarily willing to give this role priority, it seems that her perception of herself as a working mother allowed her to establish a satisfactory balance for herself, which may have facilitated her adjustment to the responsibilities of this role. She enjoyed getting out of the house and having a break from her baby. In contrast, Pam, who similarly valued her career, saw mothering her baby as solely her responsibility. It seems that this created a conflict for her which she had not yet resolved by two months postpartum.

The importance of women's perceptions of the mother role is further reflected in the experiences of three women who experienced relatively little conflict as mother. Kristen, Valerie, and Brenda seemed to identify their own needs closely with those of their babies and tended not to view their experiences of motherhood as involving sacrifices. Brenda, especially, seemed to place particular value on her role as a mother. She saw this as a central role in her life and had little desire to do anything else. Kristen and Valerie, on the other hand, saw their mothering responsibilities as temporary, and wanted to be completely involved with their children during this time. Both these women met their own needs for social contact and independence by getting out of the house often and visiting people. It seems that for these three women, a perception of the mother role as top priority, combined with a lack of desire to be doing anything else, may have facilitated their acceptance of the responsibilities of this role and the corresponding change in lifestyle.

Support

Virtually all of the women in this study reported that their experiences of the first weeks of motherhood were greatly facilitated by the emotional and practical support they received from others, particularly their husbands. One exception is Pam, who found that her husband was not apparently interested in the baby and provided her with very little practical help either with the baby's care or with household responsibilities. The fact that Pam experienced these early weeks as particularly stressful seems to underline the importance of this support in influencing women's experiences. It seems that this support both helped to relieve women from their mothering responsibilities so that they were able to have a break and also served to reinforce them for the good work they were doing.

Although the women in this study tended not to expect much practical assistance from their husbands, the importance of having their husbands' support when they needed it is evident. Karla, Kristen, Valerie, and Brenda all described the value of being able to rely on their spouses to take the baby at the end of the day. Valerie found that this allowed her to do housework during the evening and freed he her up during the day to be with her baby. Brenda and Karla often felt relieved to have a break from their babies so they could rest or do something else. The importance of this support in allowing women the opportunity to meet their own needs is apparent.

These women also seemed to appreciate the reinforcement they received from their husbands for the value of their work as mothers and the approaches they took to this responsibility. Valerie and Kristen, in particular, seemed to feel grateful for their husband's support for a flexible approach to mothering. Furthermore, like Brenda, they were glad that their husbands did not expect them to return to work before they wanted to. It is possible that these women's perceptions of the mother role were reinforced by their husbands' support for what they were doing and therefore helped minimize conflict and ambivalence.

The support women received from others was also important to how they experienced early motherhood. Both Karla and Susan, for example, referred to the reassurance they received from certain friends, particularly other mothers. It seems this support helped them to accept their ambivalent feelings during these early weeks. Similarly, Mary found the encouragement and special attention she received from her parents to be helpful.

In summary, the experiences of the women in this study suggest that the context of their perceptions of motherhood and the support they received as mothers had a significant influence on their experiences of the transition to motherhood. It seems that the conflict experienced during this time is related to women's expectations of motherhood and of themselves as mothers. Furthermore, the emotional and practical support received from others, particularly husbands, apparently eased these women's responsibilities and also reinforced their work as mothers.

In spite of the difficulties related to becoming mothers, most of the women in this study described their experiences of this transition as positive and rewarding. A comprehensive understanding of how women are affected by becoming mothers, therefore, is incomplete without an investigation of the satisfactions experienced and the relative meanings they have for individual women. The major sources of satisfaction experienced by the women in this study are discussed in the next section.

SATISFACTIONS RELATED TO BECOMING A MOTHER

The women in this study seemed to derive satisfaction from two major sources as they became mothers for the first time. Of greatest significance was the reinforcement received from their babies; all the women described this relationship as pleasurable, fun, and rewarding. In addition, the pleasure derived from sharing their babies with their husbands was satisfying to most women. For those women who encountered relatively few conflicts, these satisfactions were important themes which dominated their experiences of the transition to motherhood. For the other women, the reinforcement derived from these sources seemed to compensate for any difficulties encountered, so that, in spite of the obstacles presented by the mother role, the women in this study were able to describe their experiences as generally positive. One possible exception here is Pam, whose conflicts were especially great and were as yet unresolved by two months postpartum.

Relationship with Baby

The pleasure women derived from their babies had two main sources. Although meeting their babies' demands was stressful at times, several women described the satisfaction of being able to fulfill their babies' needs. Valerie, in particular, enjoyed her baby's complete dependence on her; Susan and Karla similarly referred to the pleasure of feeling needed by their babies and being able to satisfy their needs. Of apparently greater significance, however, was the enjoyment of interacting with their babies and stimulating their development.

Although the demands of their babies were initially overwhelming to some women, by two months postpartum, all the women found that as their babies became more responsiveness to them, their interactions with them were increasingly rewarding, and they described the reinforcement of their babies' development as a major source of satisfaction. These women enjoyed relating to their babies and, furthermore, were reassured by their babies' responsiveness to them that they were doing good jobs as mothers. The fact that all these women seem to have had 'good' babies, i.e. babies who were relatively easy to care for and responded positively to their mothers, helps explain why most of these women found their babies satisfying and rewarding. They tended to feel that they were needed by their babies and, furthermore, were rewarded for their attention. Mothers of colicky infants might be less inclined to view these early weeks as positive.

For some women, the satisfaction they felt as mothers was heightened by their sense of having attained a new level of maturity. During pregnancy, both Karla and Susan felt they were on a new threshold and looked forward to the changes this would bring. Brenda, like Susan, particularly valued the mother role, and felt that she finally had what she wanted. These women seemed to welcome their increased responsiblities and experienced a heightened sense of self-esteem during early motherhood in spite of any difficulties they encountered. Karla described this as a sense of 'completion', and felt particularly satisfied that she was doing such a good job as a mother.

Kristen and Valerie also felt good about themselves as mothers. For Kristen, this followed an initial low period, during which she re-evaluated her role as a mother. Both these women, however, although satisfied with themselves as mothers, remarked that they did not experience this as a change, and felt that having a baby had not significantly changed anything in their lives. It seems that these women had felt good about themselves before having their babies, and their experiences as mothers merely served to reinforce these feelings.

Relationship with Husband

Sharing their babies with their husbands provided an additional source of pleasure for most of the women in this study. Kristen, Valerie, and Brenda, in particular, referred to their enjoyment of their husbands' involvement with their babies. Similarly, Mary was pleased with her husbands' positive response to their baby, and Karla and Susan felt that their marital relationships had been enriched by having a baby. It seems that, for these women, their babies affirmed their relatinships with their husbands. This may have contributed to their positive feelings about motherhood, and appeared to be even more impportant to women than the practical support of their husbands. In contrast, Pam particularly resented her husband's lack of involvement with their baby. As stated earlier, the fact that she experienced the transition to motherhood as particularly stressful suggests that this was an important factor related to women's overall satisfaction with the experience.

For several women in this study, the reinforcement derived from motherhood appeared to compensate for any difficulties experienced. Mary, for example, felt that in spite of the disruption of her early weeks as a mother, her baby was worth the loss of her job, and she would prefer staying home with her baby to resuming her career. Kristen also preferred staying home with her baby in spite of her desire for more social contact, and Karla felt that the satisfaction she and her husband derived from their baby compensated for their lack of time together. For these women, the change in priorities which accompanied their transitions to motherhood may have been related to their attachment to their babies. As they became more involved with them, other activities seemed less important. In a similar vein, Brenda, Susan, and Valerie did not see their lifestyles as restricting because of the enjoyment they derived from their babies. It seems that, for these women, the reinforcement they received from their babies facilitated an identification with their babies' needs and increased their willingness to make sacrifices in other areas.

Summary

In spite of the difficulties experienced during early motherhood, the women in this study derived a great deal of satisfaction from their babies. For most of these women the pleasure they found in caring for and relating to their babies compensated for the stress and conflict created by their new responsibilities and change in social status. This feeling was enhanced by their enjoyment of sharing their babies with their husbands and, for some women, contributed to a sense of personal growth. The theoretical implications of these findings are discussed in the next section.

THEORETICAL IMPLICATIONS

The findings of this study suggest that the major difficulties encountered by women during the transition to motherhood are related to the responsibilities assumed at this time and the change in social status this entails. Similar to the women interviewed by Leifer (1980b) and Oakley (1980), several of the women in this study experienced fatigue, frustration, and loneliness as they struggled to cope with their new role, suggesting that the heavy responsibilities of early motherhood were somewhat overwhelming to them. In addition to being stressed by the demands of their babies, these women were frustrated by the restrictions this imposed on their lifestyles, and felt ambivalent about their total involvement with their babies. This supports the findings of both Leifer (1980b) and Oakley (1980), who reported that the demands and restrictions of early motherhood constituted a major source of anxiety, frustration, and depression for the women in their studies

The fact that women's difficulties were related to the responsibilities and restrictions of motherhood suggests that it is the mother role itself which is the major source of conflict and stress for women during the transition to motherhood. As proposed by feminist theorists (e.g. Bardwick, 1979; Bernard,1974, 1975; Oakley, 1979a, 1980; Rossi, 1968), it seems that the current social structure of of this role presents difficulties which some women find hard to cope with. The evidence that those women who are not stressed by the respnsibilities and restrictions of motherhood experience few conflicts emphasizes these factors as problematic.

The important role played by the context of women's experiences further implicates the social structure of the mother role as a major source of women's difficulties. Similar to the findings of a number of other studies (e.g. Grossman _et al_., 1980; Leifer, 1980b; Oakley, 1980; Sherehefsky and Yarrow, 1973), the experiences of the women in this study suggest that women's responses to early motherhood are greatly affected by the support received from others. Most of these women reported that the emotional and practical support provided by their husbands was particularly helpful to them in coping with the demands of their babies and their change in status. It seems that this support helped to lessen women's responsibility, as well as reinforcing them for their work as mothers. The fact that those women who were not able to rely on their husbands for this support experienced relatively more stress during these weeks supports the feminist view that the designantion of full responsibility for childcare to mothers alone is detrimental to women's mental health and, furthermore, suggests that support for this responsibility is not readily provided outside the nuclear family.

The findings of this study also suggest that the stress associated with the responsibilities of mothering is related to women's perceptions of the mother role. Most of the women in this study had high expectations of motherhood and of themselves as mothers; they saw their babies as primarily their responsibility and expected to be able to cope with this responsibility, as well as additional duties, with relatively little difficulty. Similar to reports from Breen (1975), Leifer (1980b), and Oakley (1980), these expectations created conflict for these women as they encountered the realities of motherhood. The fact that several of the women in this study found it necessary to lower their expectations of themselves in order to reduce this conflict supports Breen's conclusion that a redefinition of the mother role facilitates women's adjustment to motherhood, and suggests that, as proposed by the feminist perspective, the social definition of motherhood, in addition to the social conditions of this role, creates stress and conflict for women.

In contrast to the women in Leifer's and Oakley's studies, not all the women in this study had unrealistic expectations of motherhood or of themselves as mothers. The fact that those women who were prepared for the realities of motherhood experienced relatively few difficulties during the early weeks lends further support to the importance of women's perceptions of this role. In one or two cases, however, even women who had experience with children and felt prepared for what to expect experienced those early weeks as a shock, suggesting that to some extent the realities of motherhood cannot be foreseen. A particularly important variable here is likely the baby itself.

Although it is apparent that the social structure of the mother role was a major source of women's conflicts and stress during the transition to motherhood, the findings of this study suggest that at least some women find compensation for these difficulties in the satisfactions derived from motherhood. Similar to the women interviewed by Leifer (1980b) the women in this study seemed to feel enhanced by their experiences as mothers. All these women enjoyed their babies, and most reported feeling good about themselves as mothers. The fact that several women described themselves as feeling more mature, or complete, suggests that for these women the experience of becoming a mother did enhance personal growth. Other women, however, felt that nothing had really changed for them. This supports Breen's conclusion that although the birth of a child has the potential for enhancing development, it is not an inherently growthful experience (Breen, 1975).

The satisfaction the women in this study derived from their babies had important implications for their experiences of early motherhood. In addition to compensating for some of the difficulties experienced, it seems that in several cases women's attachment to their babies facilitated an identification with the mother role. For these women the transition to motherhood entailed a shift in priorities which identified their needs more closely with their babies and reduced their conflict within this role. This supports the hypothesis that those women who identify with the mother role experience less conflict than those who do not (Breen, 1975; Oakley, 1980), and suggests that for at least some women, the transition to motherhood does involve a process of identification with the mother role. Furthermore, the fact that this process seems to have been related to women's feelings for their babies supports Leifer's conclusion that the development of this attachment constitutes a particularly important developmental task for women as they become mothers (Leifer, 1977, 1980b).

It is important to note that although women's feelings for their babies seemed to facilitate an identification with their needs and, therefore, with the mother role, most of these women encountered some degree of difficulty with the social structure of this role. As discussed earlier, the social definition of the role and the social conditions of motherhood were a major source of stress and conflict for most of the women in this study. Several women coped with this problem by redefining the mother role to better serve their own needs, as well as their babies'. This supports Breen's finding that those women who are able to redefine the mother role in more realistic terms experience less conflict as new mothers (Breen, 1975).

The fact that these women encountered such difficulties, however, suggests that the process of women's attachment to their babies and subsequent identification with the mother role may actually be impeded by the social context of this role. This is an observation which has also been made by Leifer (1980b). It is possible that an additional developmental task for women is the redefinition of the mother role.

In contrast to the findings of this study, Oakley (1980) reported that most of the women she interviewed showed a decrease in self-esteem and became depressed in early motherhood. She concluded from this that the difficulties presented by the social context of motherhood tend to overshadow any satisfactions which might be derived from this experience. This discrepancy between the experiences of the women she studied and those interviewed in the present study is likely related to the personal contexts of their individual experiences. As noted earlier, the women in this study constitute a rather select group. They tended to be well-educated older women; they were relatively well-off financially, and most had reliable support networks. Furthermore, these women were highly motivated to become mothers, and seemed to have relatively 'easy' babies to care for. Clearly, they were an advantaged group, and the fact that they, too, encountered conflict and stress related to the mother role merely serves to emphasize the importance of the social context of motherhood in creating difficulties for women.

An alternative explanation for the emphasis the women in this study placed on the satisfactions derived from being mothers is the potential influence of social desirability. As pointed out in Chapter II, the social pressure to conform to the social definition of the 'ideal' mother is very strong and it is possible that these women downplayed any ambivalent feelings they might have. This possibility reflects a major limitation of research based exclusively on self-report, and should not be ruled out when considering these women's descriptions of their experiences. The fact that the women were open in discussing the difficulties they encountered and some of their negative feelings related to these problems, however, suggests that this variable was at least partially controlled by the interview situations. Furthermore, the similar evidence provided by Leifer's study supports the observations that, for at least some women, becoming a mother is a satisfying experience in spite of some of the difficulties encountered.

Oakley (1980) claimed that an investigation of the effects of the social context on women is the only valid way of understanding their experiences of the transition to motherhood. Although the findings of this study strongly reinforce the importance of the feminist perspective, it is evident that women's experiences are also influenced by the developmental process of forming an attachment to their babies. The satisfaction derived from this relationship is not only rewarding in itself, but also helps to compensate or minimize some of the difficulties encountered with the mother role. In conclusion, therefore, this study supports Leifer's recommendation that an understanding of women's experiences of the transition to motherhood requires an ecological perspective which integrates the developmental and feminist perspectives. Further research in this area might include an investigation of ways in which the process of women's attachment to their babies is affected by the social context of motherhood.

LIMITATIONS OF THE STUDY

It is important to reemphasize the limitations of the study at this point. Although the cases presented may be useful in understanding other women's experiences, the extent to which they can be generalized is seriously restricted by the select nature of the sample of women studied, i.e. white, middle-class, older, educated, married women. The issues these women were dealing with and the difficulties and satisfactions encountered are not necessarily characteristic of women who become mothers for different reasons and under different circumstances. The need for further research which includes women of different ages, with different backgrounds in education, nationality, socioeconomic status, and marital status is indicated. Such research might help clarify the extent to which the social context of motherhood creates difficulties for women.

PRACTICAL IMPLICATIONS

The findings of this study have a number of practical implications for women and their partners, as well as for professionals such as doctors, counsellors, and childbirth educators. In particular, the need for adequate preparation for motherhood, as well as practical and emotional support, has been highlighted. The purpose of this concluding section is to briefly outline ways in which these findings might be implemented.

It is important for both women and men to be aware of the realities of parenthood so that they are prepared for what to expect and can make a conscious choice about becoming parents. This awareness could be facilitated by doctors, counsellors, and/or prenatal educators, as well as other mothers, and might help women and men work through their roles as parents, at least to some extent, before their babies are actually born, thereby reducing the conflict at this time. The findings of this study suggest that it is essential for professionals to be aware of the conflicts experienced by women as they become mothers for the first time. They need to know, in particular, ways in which the social context of motherhood affects women's experiences of this transition so that they might facilitate women's redefinition of the mother role if necessary.

In order to facilitate an awareness of the realities of parenthood, programs could be developed which explore couples' personal values and their expectations of parenthood so that a conscious decision could be reached. Hoemwork assignments which include extensive exposure to friends' babies and young children would help prepare both women and men for the realities of life with small children. Prenatal classes could also be designed to include information related to the psychology of pregnancy and the social implications of parenthood in order to further prepare prospective parents for the advent of parenthood. In these classes couples could be encouraged to share their own experiences of the transition to parenthood.

The importance of providing social support to new mothers is evident. Paid paternity and maternity leaves might serve to recognize both the difficulty and the significance of this transition and would potentially facilitate couples' transitions to parenthood by encouraging men to parreticipate in their infants' care and thereby relieving women of full responsibility. Men's participations in childcare responsibilities could be further encouraged by the distribution of advertisements which illustrate men in a nurturing role.

Improved childcare facilities are also essential in order to ensure that women have practical assistance if and when they need it. For example, drop-in centers could be developed which provide both childcare facilities and a variety of programs for both mothers and fathers. In addition, it is important for all members of society to recognize the difficulty of the mother role and provide social reinforcement for women's work as mothers so that they are encouraged to feel valued in this role. This recognition might be facilitated by some form of monetary reward.

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APPENDIX I

INTERVIEW SCHEDULE

Perceptions of Motherhood

a) What does being a mother mean to you?

b) Was your pregnancy planned? If so, why did you decide to become a mother at this time?

c) What has pregnancy/early motherhood been like for you?

d) What are you expecting motherhood to be like? What fantasies do you have? What are your hopes/fears?

e) What is most important to you as a mother?

f) What changes do you foresee in your life? Do you feel your life has changed? What does that mean to you?

g) What are your plans for the future?

Perceptions of Self

a) Can you think of an image that would describe yourself?

b) How do you see yourself as a mother?

c) How do you feel you will change/have changed?

Perceptions of Situation

a) How would you describe your world right now?

b) How much experience have you had with babies/children?

c) What fantasies do you have about your baby? How would you describe your baby?

d) How would you describe your relationship with your husband? Has it changed? What does that mean to you?

e) How do you expect your husband to react/how has he reacted to the baby? Hopes/fears?

f) How would you describe your relationship with your mother/father? Has it changed since you became pregnant/had the baby?

g) Who do you get support from now? Can you expect continued support? What does that mean to you?

h) What has been most helpful to you in making the transition to motherhood?

i) What have you found most difficult during pregnancy/early motherhood?

j) What have you found most satisfying during pregnancy/early motherhood?

Is there anything we haven't covered that you would like to include?

Do you have any questions for me?

What has this interview been like for you?

APPENDIX II

QUESTIONNAIRE

NAME:

ADDRESS:

PHONE NUMBER:

FIRST PREGNANCY? YES NO

EXPECTED DELIVERY DATE:

WHERE DID YOU LEARN ABOUT THIS STUDY?:

WHAT PROMPTED YOU TO CALL?:

AGE:

OCCUPATION:

EDUCATION: HIGH SCHOOL COLLEGE UNIVERSITY

MARITAL STATUS:

NO. OF YEARS MARRIED:

PARTNER'S OCCUPATION:

PARTNER'S EDUCATION: HIGH SCHOOL COLLEGE UNIVERSITY

PARTNER'S AGE:

APPENDIX III

SAMPLE DATA ANALYSIS

Meaning Unit	Central Theme
1. It's difficult for me to realize that...somebody else will be totally responsible to me...for the rest of my life, or for the next twenty years, at any rate...I will have to look after this child.	1. Pam finds it difficult to know what it will be like to be totally responsible for a child.
2. I'm used to having that freedom. If I didn't like how something was or whatever, I could change it very easily ...and I don't think I'm going to be able to do that now. I have to think of someone else constantly... before myself.	2. She has been used to having a lot of freedom and sees that being curtailed by her responsibility to her child.
3. What's that like for you? I worry about it.	3. She worries about the loss of freedom.
4. It's been difficult for me... just the financial changes that have occurred...Last year I stopped working for a company and just worked for myself...and so when I got pregnant I sort of slacked off...the last couple of months I really haven't been working...and just the financial adjustment of not having the income I've been used to, and having to go to my husband for money if I didn't have it...which is very hard for me...I'm used to always being able to go to the bank and take out as much money as I wanted.	4. Pam finds the financial restrictions of her reduced income difficult to adjust to.

Meaning Unit	Central Theme
5. I think for me that's the hardest part...realizing that I may have to be dependent on my husband.	5. She finds it difficult depending on her husband for money.
6. ...and, I will fight that. Unless the baby is just so much work that I can't keep up with both the baby and my work, I will continue to work. I have to.	6. She finds it important to keep working in order to avoid financial dependence on her husband.
7. To me, motherhood is not... at least not today...a completely dominating role. There's so many things that are done for you, or can be done for you, or are automated...In my mother's day it was a full-time job. Today I don't think it is.	7. Pam does not see motherhood as a full-time job.
8. I think that I could become bored, or boring...a very boring person, if I were to just look after this child... and I don't want my husband to have to come home every day and listen to my silly little stories about the baby and the housecleaning and whatever else.	8. She thinks that if she had only the baby and the house to look after, she might become a bored person, and boring to her husband.
9. There has to be more to fulfill my life, if I'm going to be happy and any use to him.	9. She feels she needs more than motherhood to fulfill herself.
10. What are your plans for the future then? ...I hope that I will be able to just continue doing the work that I do...and working it in around the baby's schedule. It will be hardest this summer because that's my busiest time.	10. Pam plans to continue working at home and foresees a busy summer.